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## Alarm or Security System Design, Installation, Service or Repair Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant's Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

\_\_\_\_\_ Web Address \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Inspection Contact \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

\_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

### SCHEDULE OF HAZARDS

TYPES OF BUSINESSES PROTECTED	% OF OPS	TYPES OF BUSINESSES PROTECTED (Continued)	% OF OPS
<input type="checkbox"/> Casinos	___	<input type="checkbox"/> Utility Properties (e.g., Electric companies, gas companies, water companies, etc.)	___
<input type="checkbox"/> Commercial (e.g., Auto dealers, retail stores, restaurants, etc.)	___	<input type="checkbox"/> Other (describe below)	___
<input type="checkbox"/> Financial Institutions (e.g., Offices or banks)	___	<b>TYPES OF SERVICES OFFERED</b>	<b>% OF OPS</b>
<input type="checkbox"/> Governmental Entities (City, state, federal)	___	<input type="checkbox"/> Alarm Monitoring	___
<input type="checkbox"/> Industrial Plants	___	<input type="checkbox"/> Access Control Systems Installation, Service or Repair	___
<input type="checkbox"/> Laboratories	___	<input type="checkbox"/> Automobile Alarm or Stereo Installation	___
<input type="checkbox"/> Medical Facilities (e.g., Hospitals, nursing homes, etc.)	___	<input type="checkbox"/> Burglar Alarm Installation, Service or Repair	___
<input type="checkbox"/> Military Installations	___	<input type="checkbox"/> CCTV Installation, Service or Repair	___
<input type="checkbox"/> Nuclear power plants	___	<input type="checkbox"/> Fire Alarm Installation, Service or Repair	___
<input type="checkbox"/> Office Buildings	___	<input type="checkbox"/> Medical Alert System Installation	___
<input type="checkbox"/> Penal Facilities	___	<input type="checkbox"/> Security Guards	___
<input type="checkbox"/> Residential (e.g., Apartments, dwellings, etc.)	___	<input type="checkbox"/> Other (describe below)	___
<input type="checkbox"/> Schools/Colleges	___		
<input type="checkbox"/> Transportation (e.g., Airports, docks, harbors, mass transit stations, railroads, ships, subways, toll booths, tunnels, etc.)	___		

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PERSONNEL**

Number of Employees: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Total Payroll \$ \_\_\_\_\_ Total Sales \$ \_\_\_\_\_

- 1. Does the applicant obtain background checks (including fingerprint checks for any prior criminal records)?.....  Yes  No  
If yes, does investigation include out-of-state background checks? .....  Yes  No
- 2. Does applicant require verification of previous employment? .....  Yes  No
- 3. Is training required with ongoing education? .....  Yes  No

**OPERATIONS**

- 1. How many years has the applicant been in business? \_\_\_\_\_
- 2. Is business licensed and/or certified according to state regulations? .....  Yes  No
- 3. Is the applicant owned by, associated with, engaged in or involved with any other enterprise? .....  Yes  No  
If yes, provide details. \_\_\_\_\_  
\_\_\_\_\_
- 4. Is all equipment maintained and serviced in accordance with the manufacturer's operation and maintenance instructions? .....  Yes  No  
If no, provide details. \_\_\_\_\_  
\_\_\_\_\_
- 5. Does the applicant install, maintain and service systems that comply with standards set by UL, Factory Mutual, NFPA, MEC, NFBA or CSAA? .....  Yes  No  
If no, provide details. \_\_\_\_\_  
\_\_\_\_\_
- 6. Does the applicant require all clients to sign a contract that contains liquidated damages, third party indemnification and Right to assign provisions? .....  Yes  No  
Provide a copy of the contract used.
- 7. Does the applicant manufacture either entire systems or components thereof? .....  Yes  No  
If yes, provide details. \_\_\_\_\_  
\_\_\_\_\_
- 8. Does the applicant sell any products under their own label? .....  Yes  No  
If yes, provide details. \_\_\_\_\_  
\_\_\_\_\_
- 9. Does the applicant keep duplicate records (e.g., work orders, purchase orders, contracts, etc)? .....  Yes  No  
If yes, provide details. \_\_\_\_\_  
\_\_\_\_\_
- 10. Does the applicant own their own central station? .....  Yes  No  
If yes, does the applicant provide monitoring services for:  
Systems they install? .....  Yes  No  
Systems installed by other alarm dealers? .....  Yes  No  
If yes, provide details. \_\_\_\_\_  
\_\_\_\_\_

**SUBCONTRACTORS**

If you NEVER hire subcontractors, please check here

(If this box is checked, skip to Prior Carrier History and Loss Information section below)

If you DO hire subcontractors, please complete the section below:

1. Total subcontract cost \$ \_\_\_\_\_
2. Are certificates of insurance required from subcontractors? .....  Yes  No
3. Do your subcontractors carry coverage or limits less than yours? .....  Yes  No  
If yes, what are the minimum limits you accept? \_\_\_\_\_
4. Are written contracts including a hold harmless clause in your favor obtained from all subcontractors? (A copy of the contract is mandatory to bind coverage.) .....  Yes  No
5. Are you named as an additional insured on the subcontractors' policy? .....  Yes  No

Comments: <hr/> <hr/>
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**PRIOR CARRIER HISTORY & LOSS INFORMATION**

**PRIOR CARRIERS (LAST THREE YEARS)**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

**LOSS HISTORY (LAST FIVE YEARS)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
		_____ _____		
		_____ _____		
		_____ _____		
		_____ _____		
		_____ _____		

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

#### **IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

#### **FRAUD STATEMENT**

##### **To Insureds in the States of:**

**Alabama, Alaska, Arizona, California, Connecticut, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Maine, Massachusetts, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, Nevada, North Carolina, North Dakota, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:**

**NOTICE:** In some states, any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states. Penalties may include imprisonment, fines, or a denial of insurance benefits.

##### **Arkansas**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

##### **Colorado**

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

##### **District of Columbia**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

##### **Florida**

Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

##### **Kentucky**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

##### **Louisiana**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties

**New Mexico**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**Ohio**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma**

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania**

Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and subjects such person to criminal and civil penalties.

**Rhode Island**

**NOTICE:** Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson. In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act, which is a crime in many states.

**Virginia**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Washington**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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Producer's Signature	Date	Applicant's Signature	Date
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