# ALARM INSTALLATION, SERVICING, MONITORING OR REPAIR GENERAL LIABILITY APPLICATION

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| Applicant’s Name:             Mailing Address:              Location Address:               | Agency Name:       Agent No.:       Address:              E-mail:       Phone No.:        |

**PROPOSED EFFECTIVE DATE: From**       **To**       **12:01 A.M., Standard Time at the address of the Applicant**

**Applicant is:** [ ]  Individual [ ]  Corporation [ ]  Partnership [ ]  Joint Venture

[ ]  Limited Liability Company [ ]  Other (Specify):

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**Limits of Liability and Deductible Requested:**

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| --- | --- |
| General Aggregate (other than Products/Completed Operations) | $      |
| Products and Completed Operations Aggregate | $      |
| Personal and Advertising Injury (any one person or organization) | $      |
| Each Occurrence | $      |
| Damage to Premises Rented to You (any one premise) | $      |
| Medical Expense (any one person) | $      |
| Electronic Data Liability | [ ] $10,000 [ ] $25,000 [ ] $50,000 [ ] $100,000 |
| Errors and Omissions Coverage Each Claim(Available up to the General Liability Limits) Aggregate | $     $      |
| Lost Key Coverage | $25,000 (included) |
| Property Damage Extension (CCC) Occurrence(Included for limits equal to GL limits up to $200,000/$300,000) Aggregate | $     $      |
| Other Coverages, Restrictions, and/or Endorsements:       | $      |
| Deductible | $      |

**Website Address:**

**E-mail Address:**       **Phone No.:**

**1. Additional Insured Information:**

|  |  |
| --- | --- |
| **Name** | **Address** |
|       |       |
|       |       |
|       |       |

**2. How long has applicant been in business?**       years.Total number of employees:

**3. Is applicant licensed?** [ ]  Yes [ ]  No

If no, explain:

**4. Estimated annual:**

**a.** Payroll $

**b.** Sales $

**c.** Cost of subcontractors $

**5. Advise payroll and sales for each:** Payroll Sales

|  |  |  |
| --- | --- | --- |
| Burglar alarms—residential | $      | $      |
| Burglar alarms—commercial | $      | $      |
| Fire alarms—residential | $      | $      |
| Fire alarms—commercial | $      | $      |
| Alarm monitoring operations (If any medical alarm monitoring, show separate sales for same.) | $      | $      |
| Monitoring, installation, servicing or repair of emergency medical alert systems or nurse call buttons. Describe:        | $      | $      |
| Other:        | $      | $      |

**6. Does applicant do any manufacturing?** [ ]  Yes [ ]  No

Does applicant sell anything under own label? [ ]  Yes [ ]  No

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| If the answer to either question is yes, please explain:       |

**7. Does applicant sell any items other than items which are installed by applicant?** [ ]  Yes [ ]  No

If yes, provide listing of products sold:

Sales amount for these products? $

**8. Does applicant do design work for others?** [ ]  Yes [ ]  No

If yes, percent of operation:    %

**9. Does applicant design systems without performing installation?** [ ]  Yes [ ]  No

If yes, percent of operation:    %

**10. Does applicant install alarms or phones in vehicles, mobile equipment, watercraft or aircraft?** [ ]  Yes [ ]  No

If yes, explain:

**11. Does applicant install alarms in hospitals, nursing homes, transportation facilities, detention or correctional facilities?** [ ]  Yes [ ]  No

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| If yes, provide details and sales amount:       |

**12. Does applicant install or monitor alarms at chemical, fertilizer or petrochemical facilities?** [ ]  Yes [ ]  No

**13. Does applicant install or monitor metal, chemical or explosive detection devices at transportation facilities, federal buildings or post office mailrooms?** [ ]  Yes [ ]  No

**14. Does applicant monitor for home incarceration or pretrial release?** [ ]  Yes [ ]  No

**15. Does applicant have off-shore exposures (i.e., gas and oil rigs, ships)?** [ ]  Yes [ ]  No

**16. Does applicant have Workers’ Compensation coverage in force?** [ ]  Yes [ ]  No

**17. Does applicant lease employees?** [ ]  Yes [ ]  No

**18. Does applicant have a training program?** [ ]  Yes [ ]  No

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| If yes, describe:       |

**19. Does applicant install, service or repair fire suppression systems?** [ ]  Yes [ ]  No

**20. Does applicant subcontract work to others?** [ ]  Yes [ ]  No

If yes, what type of work?

Are certificates of insurance obtained from ALL subcontractors? [ ]  Yes [ ]  No

**21. Please attach: (A) Any descriptive or advertising literature; (B) Copy of usual performance contract with client; (C) Any hold harmless agreements executed in favor of client.**

**22. Does applicant limit his liability to a stated dollar amount (liquidated damages) on his standard alarm contract with his client?** [ ]  Yes [ ]  No

If yes: What is maximum limit allowed? $

What percentage of contracts waive the liquidated damages clause?    %

**23. During the past three years, has any company ever canceled, declined or refused to issue similar insurance to the applicant?** (Not applicable in Missouri) [ ]  Yes [ ]  No

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| If yes, explain:       |

**24. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** [ ]  Yes [ ]  No

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| If yes, describe:       |

**25. Does applicant have other business ventures for which coverage is not requested?** [ ]  Yes [ ]  No

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| If yes, explain and advise where insured:       |

**26. Schedule of Hazards:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Loc.No.** | **Classification Description** | **Class. Code** | **Exposure** | **Premium Basis**(s) Gross Sales(p) Payroll(a) Area(c) Total Cost(t) Other |
|     |       |       |       |       |
|     |       |       |       |       |
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|     |       |       |       |       |

**27. Prior Carrier Information:**

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| --- | --- | --- | --- |
|  | **Year:**      | **Year:**      | **Year:**      |
| **Carrier** |       |       |       |
| **Policy No.** |       |       |       |
| **Coverage** |       |       |       |
| **Occurrence or Claims Made** |       |       |       |
| **Total Premium** |       |       |       |

**28. Loss History:**

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| **Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.** [ ]  Check if no losses last three years. |
| **Date ofLoss** | **Description of Loss** | **AmountPaid** | **AmountReserved** | **Claim Status(Open or Closed)** |
|       |       |       |       |       |
|       |       |       |       |       |
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This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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 insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties
under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** 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.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S NAME AND TITLE:

APPLICANT’S SIGNATURE: DATE:

(Must be signed by an active owner, partner or executive officer)

CO-APPLICANT’S SIGNATURE: DATE:

PRODUCER’S SIGNATURE: DATE:

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| NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION AUDIT:       |

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|  | IMPORTANT NOTICE |  |
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| 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. |