

## ALARM INSURANCE

For those companies who perform: **Burglar & Fire Alarm\Security & Access Control\  
Monitoring\Low-Voltage Installation, Servicing & Repair**

### General Liability/Errors&Omissions Application

First Named Insured		<b>Alarm Insurance Agency</b> <b>PO Box 61886</b> <b>N. Charleston, SC 29419</b>  <b>Phone-800-474-0933</b>  <u>WWW.ALARMIN.COM</u>	
Other Names Insured			
Street Address			
Mailing Address			
Additional Locations, if any:		Proposed Effective Date:  From <input style="width: 50px;" type="text"/> To <input style="width: 50px;" type="text"/>	

Applicant is:	My Business Is:	Alarms & Security
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### Section A

Number of all employees		Trade Association Memberships:	
Installers Payroll:	\$	Clerical/Admin. Payroll	\$
Outside Salespeople:		Telemarketers:	
employees payroll?	\$	employees payroll?	\$
Independent Sales Reps Cost?	\$	3 <sup>rd</sup> Party Services cost?	\$
Monitoring Dispatchers Payroll	\$	Locksmiths Payroll	\$
		Satellite Payroll	\$
Other Payroll	\$	Total Annual Gross Revenue	\$
Describe Other Payroll		Monitoring Gross Receipts	\$
Is the applicant a dealer of or franchisee of:  Other:		Monitoring Costs	\$
		Cost of insured subcontractors	\$
		Cost of uninsured subcontractors	\$

Section B			
Salary	Officers/Owners/Members/Partners	Title	Duties
Section C			
Certification Level:		What percentage of your subscribers are CSAA Five Diamond Certificate Service holders?	
Section D			
UL Certification Number & Class		Employers Federal I.D. Number or Social Security Number	FEIN
			SSN
Section E - Operations of applicant (show percentage for each-all must total 100%)			
1)Burglar alarms-commercial	%	2)Burglar and fire alarms-residential	%
3)Fire alarms-commercial	%	4)Fire extinguisher Servicing/Repair/Refill	%
5)Automatic sprinkler systems-Flow meter Connections	%	6) Automatic sprinkler systems-Flow Meter Installation	%
7)Inspection and/or cleaning of automatic suppression and duct systems	%	8)Installation, servicing or repair of stand-alone emergency medical alert systems, pendants or PERS	%
9)Installation, servicing or repair of nurse call buttons	%	10)Installation and/or monitoring in-home incarceration/surveillance equipment?	%
11)Access Control, CCTV	%	12)Temperature	%
13)Home Theater & Sound, Smart House	%	14)Patrol, Reset, Runner, Key Carrier Response	%
15) Private Investigators	%	16) Elopement Control Systems-Tracking Bracelets	%
17)Satellite	%	18)Security Guard Service	%
19)OTHER Operations	%		
<b>Total of above</b>		<b>100%</b>	
<b>Regarding Residential Alarm please indicate:</b>			
a. Apartments_____%			
b. Single family homes_____%			
c. Condos_____%			
d. Tract housing_____%			
e. Custom homes_____%			
f. Single family pre-wire_____%			
<b>NOTE: a-f in question above must total 100%</b>			

What percentage of your work is Low Voltage?	%	What percentage of your accounts are monitored?	%
What percentage of your operations are residential work only?	%		

**Section F - Monitoring** if applicant performs no direct monitoring skip this section)-**must total 100%**

1)Fire & Burglary Alarm Monitoring	%	2)Answering Service	%
3)Stand-alone emergency medical alert systems, pendants or PERS	%	4)Nurse call buttons	%
5)Patrol, Reset, Runner, Key Carrier Response	%	6)Security Guards	%
7)Two-way voice	%		

**Total of above 100%**

**Section G**

How long has applicant been in business?		If this is a new business please provide detail explaining previous experience in years and at what companies and in what positions	
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**Section H**

Is applicant licensed?		If no, explain	
List License Number:		Name of Qualifying Agent and address	
		Qualifying Agent License Number and State:	

**Section I**

Does applicant do any manufacturing?			
Does applicant sell anything under own label?			
Does applicant sell any items that are not installed by applicant?			
Does applicant do design work for others without performing installation?		If yes, explain	
Does applicant have signed contracts with all subscribers?			
Does applicant have any subscribers not under contract?		If yes how many and explain the circumstances?	
Does applicant limit his liability to a stated dollar amount (liquidated damages) on his standard alarm contract with subscriber?		If yes, what is maximum limit allowed?	
Does applicant perform any type of installation or service on watercraft, aircraft, vehicles, or mobile equipment?		If yes explain	
Does applicant perform any work at petro-chemical plants/refineries, facilities where explosives are handled or stored, nuclear power plants, or at		If yes, explain	

highways, railroads or airports, or any offshore operations including gas/oil rigs?			
Does applicant install or service alarms or fire systems in hospitals, nursing homes, assisted living centers, sheltered homes, probation, or any type of correctional or detention facilities?		If yes, explain providing detail on the type and number of such systems:	
		Number of these systems:	
Does applicant Contract with any Government entities, i.e. DOD, Federal, State or Local Government?		If yes, explain	
Does applicant have a training program?		If yes, describe program courses:	
Does applicant have Workers Compensation coverage in force?			
Does applicant lease employees?			
Does applicant review daily the central station's trouble report of all alarms?		Describe procedure and action taken:	
Who does applicant use for monitoring? (provide name of company(s) and UL number)			
Does applicant subcontract work to others?		If yes, what type of work?	
Are Certificates of insurance obtained from ALL subcontractors with same Limits and coverage as you?			

### Background Checks

Does applicant perform background checks on all employees?		FBI Checks?	
DMV Checks?		Fingerprint Checks?	
Local Law Enforcement Check?		Prior Employer/Employment Checks?	
Inquire about applicants Workers Compensation past injuries?			
During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant?		If yes, explain:	

Previous Insurer: Indicate premium and losses for the past four years. Describe all losses.						
YEAR	COMPANY	POLICY NO.	PREMIUM	LOSSES	LOSS RES.	DESCRIPTION
2018						
2017						
2016						
2015						
2014						
<b>RATING BASIS (FOR UNDERWRITERS USE ONLY)</b>						
Alarm Installation		91127		p)\$		and s)\$
Monitoring-Dispatchers		91130		p)\$		
Locksmith		14913		s)\$		
Satellite				p)\$		
Other-Electrical		92478		p)\$		
OCP-Monitoring & Insured Subs.		91581		c)\$		
OCP-Uninsured Subs		91581		c)\$		
<b>Limits of Liability Provided</b>				<b>Coverage</b>		
General Aggregate		\$2,000,000		CGL Occurrence CG0001 1207 Errors & Omissions CIGL24 0114 Care, Custody, Control CIGL20 0114 (del j.(4) j.(5) ) Lost Key CIGL25 0114 Per Project Aggregate CG2503 0397; \$5,000,000 Blanket Additional Insured CG2038 0413 Terrorism Exclusion CG2173 0108 Min and Advance Premium 25%MP		
Products & Completed Operations		\$2,000,000				
Personal & Advertising Injury		\$1,000,000				
Each Occurrence		\$1,000,000				
Fire Damage		\$100,000				
Medical Expense (per person)		\$5,000				
Errors&Omissions		\$1,000,000 / \$2,000,000				
Lost Key		\$25,000				
Property Damage Extension		\$100,000/\$100,000				
Deductible		\$0 each Claim				
<b>Marketing Details</b>						
Where did you hear about us?				Names/Details:		
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.						
<b>APPLICABLE IN THE STATE OF NEW YORK:</b>						
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, shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.						
<b>FRAUD PREVENTION-OHIO WARNING:</b>						
Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.						
<b>FRAUD PREVENTION-FEDERAL LEGISLATION WARNING:</b>						
Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.						
<b>Applicants Signature</b>		<b>X</b>			Date	
<b>Name of Applicant</b>					Title	
<b>Phone Number</b>					Fax #	
<b>Email Address</b>					Cell #	
<b>IMPORTANT NOTICE</b>						
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. ANSWER ALL QUESTIONS-IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE.						