

**Burglar & Fire Alarm\Security & Access Control\Monitoring\Low-Voltage Installation,
Servicing & Repair**

General Liability/Errors&Omissions Application

Applicant's _____

**Alarm Insurance Agency
Address-P.O. 697
Charleston, SC 29402-0697
Phone-800-474-0933**

Mailing Address _____

**Fax-800-240-0631
RJANIS@ALARMINS.COM**

Location(s) _____

**Proposed Effective Date:
From _____ To _____
12:01 A.M., Standard Time at address of Applicant**

Name of Contact for Inspection/Audit _____ Phone _____

Applicant is: ___ Individual ___ Corporation ___ Partnership ___ Joint Venture ___
Other(Specify) _____

Limits of Liability Requested

| | |
|----------------------------------|-------------|
| General Aggregate | \$2,000,000 |
| Products & Completed Operations | \$2,000,000 |
| Personal & Advertising Injury | \$1,000,000 |
| Each Occurrence | \$1,000,000 |
| Fire Damage | \$100,000 |
| Medical Expense (any one person) | \$5000 |

Other Coverage, Exclusions, and/or Endorsements- **Errors & Omissions-** ___X___ YES ___ NO

Lost Key @ \$25M ___X___ YES ___ NO

Add'l Insured Included

Per Project Aggregate- ___X___ YES ___ NO

Extended Property Damage@\$250M ___YES___ ___X___ NO

Deductible-\$0 OCP- ___X___ YES ___ NO

Number of employees _____ Trade Association membership(s) _____

A. Estimated annual:

- | | |
|---|---|
| A) Payroll\$ _____ | B) Sales\$ _____ |
| i) Installers Payroll\$ _____ | i) Monitoring Gross Receipts\$ _____ |
| ii) Clerical/Admin. Payroll\$ _____ | ii) Monitoring Costs\$ _____ |
| iii) Outside Salespeople Payroll\$ _____ | iii) Answering Service Gross Receipts\$ _____ |
| iv) Telemarketers Payroll\$ _____ | iv) Consulting Gross Receipts\$ _____ |
| v) Answering Service Payroll\$ _____ | v) Alarm Installation\$ _____ |
| vi) Dispatcher Payroll\$ _____ | |
| vii) Payroll of each Executive Officer and his/her duties\$ _____ | |
| \$ _____ | |
| \$ _____ | |

☑ Applicant a dealer of or franchisee of ADT, Centra-Larm Monitoring, Dynamark, or Protection One? If so please specify _____

C) Cost of insured subcontractors\$ _____ Cost of uninsured/underinsured subcontractors\$ _____

D) Certifications Level I & II, CPP, NICET, etc. _____

E) UL Certification Number & Class _____
Employers Federal I.D. Number _____

F. Operations of applicant (show percentage for each-must total 100%)

- 1) Burglar alarms-commercial _____%
- 2) Burglar alarms-residential _____%
- 3) Fire alarms-residential _____%
- 4) Fire alarms-commercial _____%
- 5) Fire extinguisher _____%
- 6) Automatic sprinkler systems-flow meter installation _____%
- 7) Inspection and/or cleaning of automatic suppression and duct systems _____%
- 8) Installing, servicing or repair of emergency medical alert systems, pendants or nurse call buttons _____%
Describe _____
- 9) Applicant install/monitor in-home incarceration/surveillance equipment? ____ Yes ___ No If Yes
percentage? ____%
Describe incarceration/surveillance operations _____
- 10) Access Control, CCTV _____%
- 11) Temperature 1 _____%
- 12) Home Theater & Sound, Smart House _____%
- 13) Patrol, Reset, Runner, Key Carrier Response _____%
- 14) Security Guards _____%
- 15) OTHER-Describe- _____%

G. Monitoring (if applicant performs no monitoring skip this section)

- 1) Alarm Monitoring _____%
- 2) Answering Service _____%
- 3) Emergency medical alert systems, pendants or nurse call buttons _____%
- 4) Patrol, Reset, Runner, Key Carrier Response _____%
- 5) Security Guards _____%
- 6) Is monitoring a telephone answering service? ____ Yes _____ No
- 7) Two way voice _____%

H. How long has applicant been in business? ____ yrs. If new, yrs. of experience&where _____

I. Is applicant licensed? ____ Yes ___ No If no, explain _____
List Licenses _____

J. Does applicant do any manufacturing? ____ Yes _____ No Does applicant sell anything under own
label? _____

K. Does applicant do design work for others? ____ Yes ___ No If yes, % of operation _____

L. Does applicant have signed contracts with all subscribers? ____ Yes _____ No

M. Does applicant have any subscribers not under contract? _____ Yes ___ No, If yes how many? ____

N. Does applicant perform installation, or service watercraft, aircraft, vehicles, or mobile equipment?
____ Yes No _____, If yes explain _____

**O. Does applicant perform any work at petro-chemical plants/refineries, facilities where explosives are
handled or stored, or nuclear power plants?** ____ Yes _____ No If yes, explain _____

**P. Does applicant install or service alarms or fire systems in hospitals, nursing homes, sheltered homes,
probation, correctional or detention facilities?** ____ Yes _____ No If yes, explain and provide annual
sales _____

Q. Does applicant have a training program? ____ Yes ___ No If yes, describe program courses, i.e. NBFAA,
local Association or supplier/mnfg.training etc.? _____

R. Does applicant engage in outside work above five stories? _____ Yes _____ No

S. Does applicant install and/or monitor two-way voice? ____ Yes ___ No If yes, describe _____

T. Does applicant install and/or monitor carbon monoxide detectors? ____ Yes ___ No If yes, are they hard
wired, ____ or local alarm? _____ If yes please explain _____

U. Does applicant review daily the co's report of all alarms? ____ Yes _____ No Describe procedure
and action taken _____

V. Does applicant subcontract work to others? __ Yes ___ No If yes, what type of work? _____
Are certificates of insurance obtained from ALL subcontractors? ____ Yes _____ No

W. Who does applicant use for monitoring? (provide name of company(s) and UL number) _____

X. Does applicant engage in any highway, railroad, or airport operations? _____ Yes ___ No If yes,
explain _____

Y. Does applicant limit his liability to a stated dollar amount (liquidated damages) on his standard alarm contract with subscriber? ___ Yes ___ No If yes, what is maximum limit allowed? _____

Z. Does applicant perform background checks on all employees? ___ YES ___ NO; FBI Checks? _____; Fingerprint Checks? _____; Local Law Enforcement Check? _____; Prior Employer/Employment Checks? _____

I. Please attach: (A) Any descriptive or advertising literature; (B) Copy of Sale, Service, Lease, Installation Monitoring Contracts with Subscriber; (C) Copy of Contract(s) between Monitoring Company(s) and Alarm Dealer; (D) Copy Contract(s) between Monitoring Company(s) and Subscriber; (D) Any hold harmless agreements executed in favor of subscriber.

During the past three years has any company ever canceled, declined or refused to issue similar insurance to the applicant? _____ Yes ___ No If yes, explain _____

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses. _____

| YEAR | COMPANY | POL.# | PREMIUM | LOSSES | DED. | LOSS RES. | DESCRIPTION |
|------|---------|-------|---------|--------|------|-----------|-------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SCHEDULE OF HAZARDS

| Loc No. | Classification | Class Code | Premium Basis: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other | Terr. | Rate | Premium Prem/Ops /Products |
|---------|----------------------------------|------------|--|-------|------|-------------------------------|
| | Alarm Installation | | 91127 | p) | | \$ |
| | Monitoring-Dispatchers&Answering | | 91130 | p) | | \$ |
| | OCP | | 91581 | c) | | \$ |


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.

APPLICABLE IN THE STATE OF NEW YORK:

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.

FRAUD PREVENTION-OHIO WARNING:

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.

APPLICANT'S SIGNATURE  DATE _____

NAME OF APPLICANT _____

PHONE NUMBER _____ FAX NUMBER _____

E-Mail Address _____ PAGER# _____

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.

ANSWER ALL QUESTIONS-IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE.

[rjj ed. 5/01] ALARMAP6 . wpd

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FAX THIS APPLICATION TO 800-240-0631 FOR A QUOTE