



ALARM COMPANY GENERAL/PROFESSIONAL LIABILITY APPLICATION

1. Proposed Effective Date: _____ Date of Application: _____

2. Complete Applicant Name: _____

3. Street Address: _____

4. Mailing Address: _____

5. Additional Locations: _____

6. Website: _____

7. Name of Contact Person: _____

Phone: _____ Fax: _____ E-mail: _____

8. Application is: __ Individual __ Corporation __ Partnership __ Other (describe) _____

9. Limits Desired: _____ Deductible: _____

10. Operations (%): _____ Alarm _____ Guard/ Patrol _____ Fire Suppression _____ Other _____

Describe Other: _____

11. How long has the Applicant been in business? _____

12. How many years experience does the Applicant have in the field? _____

13. Is the Applicant involved in any other operations? Yes No

If Yes, please describe: _____

Brief description of operations for the next year: _____

14. Operations - Provide a breakdown of applicable operations:

Payroll

Gross Receipts

Sales/Distribution
Installation/Service/Repair
Monitoring
Other

Describe Other

Alarms are: % _____ Fire % _____ Burglary
 % _____ Medical % _____ Temperature Control
 % _____ Other % _____ Water Flow

Do you provide your own monitoring services? Yes No

If not, who does? _____

Is there a Written Contract with the Central Station? Yes No
Please submit a copy of the Dealer Agreement with the Central Station

Fully describe alarm response procedures; _____

Current Operations

15. Customers are: ____ % Commercial ____ % Residential ____ % New Construction

If you do new construction, do you contract to do work on Tract Housing, Condominiums, or

Town homes? Yes No

If yes, please provide details: _____

Yes No

17. Number of Monitored Customers: _____ Number Under Contract: _____

Annual Costs to provide monitoring: _____

18. Do you subcontract installation or service? Yes No

Do you subcontract any other work? Yes No

If yes, what other work is subcontracted? _____

Annual Subcontract Costs: _____

19. Total Number of Employees: _____

____ Clerical # ____ Installers/Service Techs # ____ Central Station Operators # ____ Other ____

20. Do you install or service systems in nursing homes, medical, correctional or detention facilities?

Yes No

If Yes, please provide details: _____

21. Do you use a standard contract for all alarm operations including installations, service and/or Monitoring? Yes No

Percentage of customers under an approved contract _____ %

PLEASE ATTACH A SAMPLE OF ALL CONTRACTS SIGNED BY CUSTOMERS

22. Pre-employment Screening Procedure: (mark all applicable)

| | | |
|---|--|--|
| <input type="checkbox"/> Prior Employment Check | <input type="checkbox"/> Drug Screening | <input type="checkbox"/> Other (please describe) |
| <input type="checkbox"/> Personal Reference | <input type="checkbox"/> Psychological Testing | _____ |
| <input type="checkbox"/> Background Check | <input type="checkbox"/> MVR (driving record) | _____ |
| <input type="checkbox"/> Polygraph | | _____ |

23. Training Program Consists of: (mark all applicable)

| | | |
|---|--|--|
| <input type="checkbox"/> Written Manual | <input type="checkbox"/> Firearms | <input type="checkbox"/> Other (please describe) |
| <input type="checkbox"/> On the Job | <input type="checkbox"/> Manufacturer Training | _____ |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Report Writing | _____ |
| <input type="checkbox"/> Powers of Arrest | <input type="checkbox"/> Use of Force | _____ |

24. Are you licensed? Yes No

If Yes, please list all licenses: _____

25. Do you perform any work at facilities where explosives are handled or stored or at a nuclear power plant? Yes No

If Yes, please explain: _____

26. Do you perform any design work for others? Yes No

If Yes, please explain: _____

27. List Trade Association Memberships Held: _____

28. Provide name of current General Liability insurance company: _____
Does coverage include Errors & Omissions? Yes No

Effective Date: _____ Limits: _____
Deductible: _____ Annual Premium: _____

29. Provide previous General Liability insurance company information:

Carrier: _____ Policy Period: _____
Limits: _____ Deductible: _____ Premium: _____

Carrier: _____ Policy Period: _____
Limits: _____ Deductible: _____ Premium: _____

Carrier: _____ Policy Period: _____
Limits: _____ Deductible: _____ Premium: _____

30. Claim/Loss History: If none, state so. Attach five (5) years currently valued loss history with application, if available, or a no known losses letter, if applicable.
Verified loss runs are required to bind.

| Date | Description | Payment Amount | Reserves | Status |
|-------|-------------|----------------|----------|---|
| _____ | _____ | _____ | _____ | <input type="checkbox"/> open <input type="checkbox"/> closed |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> open <input type="checkbox"/> closed |

31. Has any carrier cancelled or refused to renew? Yes No

If Yes, please provide describe: _____

Notice to California Insured's

- A) THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NONADMITTED" OR "SURPLUS LINES" INSURERS.**
- B) THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT WHICH APPLIES TO CALIFORNIA LICENSED INSURERS.**
- C) THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
- D) CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINES INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST.**
- E) FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINES" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE AT THE FOLLOWING TOLL-FREE**
- F) TELEPHONE NUMBER: 1-800-927-4357.**

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME. (Note: This notice is required by New York insurance regulations, but may also be a crime in other states.)

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE. THE UNDERSIGNED DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE INSURANCE, NOR DOES REVIEW OF THE APPLICATION BIND THE INSUROR TO ISSUE A POLICY. IT IS AGREED, HOWEVER, THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

SIGNED BY:

Applicant

Date

Applicant

Date