

Agency Name:
 Address:
 Contact Name:
 Phone:
 Fax:
 Email:

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 _____

_____ Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for 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)	___	TYPES OF SERVICES OFFERED	% OF OPS
<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, NFBAA 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

<p>Comments:</p> <hr/> <hr/>

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
		_____ _____		
		_____ _____		
		_____ _____		
		_____ _____		
		_____ _____		

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

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 – FOR THE STATE(S) OF:

Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:

NOTICE: In some states, any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*), fines and confinement in prison (For Alabama add: *or any combination thereof*).

Maine, Tennessee, Virginia, 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 may include imprisonment, fines, or a denial of insurance benefits.

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Florida

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.

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.

Hawaii

Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Idaho

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

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Minnesota

Any person who files a claim with intent to defraud or help commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

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 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 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.

Ohio

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 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.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
 - 1. Material to the risk assumed by us; or
 - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

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 insurance act, which is a crime and subjects such person to criminal and civil penalties.

Producer's Signature

Date

Applicant's Signature

Date