|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Agency Name |  | | |
| Contact Name |  | Phone |  |
| Email Address |  | | |
|
|

Alarm Systems Dealers & Installation

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Business Name** |  | | | | | | | | | | | | **Effective Date** | | | | | |  | | |
| **Mailing Address** |  | | | | | | | | | | | | | | | | | | | | |
| **City** |  | | | | **State** | | | |  | | | | | | **Zip Code** | | | | |  | |
| **Contact Name** |  | | | | | | | | | | | | | | **Phone** | | | | |  | |
| **Email Address** |  | | | | | | | | | | | | | | **Website** | | | | |  | |
|  |  |  | |  | |  | |  | | |  |  | |  | | | |  | | |  |
| **B****usiness Type** |  | **Corporation** | |  | | **LLC** | |  | | | **Partnership** |  | | **Individual** | | | |  | | | **Other** |
| If other, please explain: | | |  | | | | | | | **FEIN:** | | | | | |  | | | | | |
| **Year Established** |  | | | | | | **If new venture, years experience** | | | | | | | | | |  | | | | |

**Premises Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Loc | Street Address | City | State | Zip |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**General Information**

|  |  |
| --- | --- |
| Is the applicant a subsidiary of another entity? |  |
| Does the applicant have any other subsidiaries? |  |
| Does the applicant have any other business ventures for which coverage is not being requested? |  |
| Is this a franchise operation? |  |
| During the last 5 years has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery or arson? |  |
| Any foreign operations or foreign products sold and/or distributed in the USA? |  |
| Any exposure to flammables, explosives, chemicals? |  |
| Any policy or coverage declined, cancelled or non-renewed in the last 3 years? |  |
| Any uncorrected fire and/or safety codes violations? |  |
| Has the applicant had a foreclosure, repossession bankruptcy or filed for bankruptcy during the last 5 years? |  |
| Has the applicant had a judgement or lien during the last 5 years? |  |
| Does the insured carry work comp, employers liability or non-subscriber coverage? |  |

Liability Section

|  |  |  |  |
| --- | --- | --- | --- |
| **General Liability** | | | |
| General Aggregate |  | Professional Liability |  |
| Products & Completed Operation |  | Abuse/Molestation |  |
| Personal & Advertising Injury |  | Assault & Battery |  |
| Each Occurrence |  |  | |
| Damage to Premises |  |  | |
| Medical Payments |  | Deductible: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Automobile Liability** | | | |
| Combined Single Limits |  | Hired & Non-Owned Auto |  |
| Personal Injury Protection |  | Physical Damage |  |
| Medical Payments |  | Comprehensive Deductible |  |
| Uninsured/Underinsured |  | Collision Deductible |  |

*If electing automobile coverage please complete the scheduled auto section.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Excess/Umbrella Liability**  (only available if underlying General Liability is written) | | | | |
| General Aggregate |  | Deductible: |  | |
| Each Occurrence |  |  | | |
|  |  |  | | |
| Underlying Coverages Included: | Automobile Liability | Employers Liability | | |
| Do all underlying carriers have a A.M. Best rating of “A” or higher? | | | |  |
| Do all underlying policies have a minimum limit of $1,000,000 or greater? | | | |  |
|  |  |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Additional Insured(s)** | | | | |
| **Entity Name** | **Street Address** | **City** | **State** | **Zip** |
|  |  |  |  |  |
|  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Exposures** | | | | | | | | | | | | |
| **Gross Sales** | |  | | | | **Annual Payroll** | | |  | | | |
| **Insured Sub. Costs** | |  | | | | **Uninsured Sub. Costs** | | |  | | | |
|  | |  | | | |  | | |  | | | |
| **Percentage of work that is:** | | | | | | | | | | | | |
| Residential | |  | | | | Commercial | | |  | | | |
| Sub Contracted Work | |  | | | | Vehicle Alarm | | |  | | | |
| Fire Alarms | |  | | | | Medical Alert | | |  | | | |
| Schools | |  | | | | Casinos | | |  | | | |
| Correctional Facilities | |  | | | | Financial Facilities | | |  | | | |
| What is the insured’s schedule for inspecting and servicing clients’ equipment? | | | | | | | | | | | | |
| Monthly |  | | | Semi-Annual |  | | | Annually | |  | | |
|  | |  | | | |  | | |  | | | |
| Does the insured specialize in a particular type of alarm system? | | | | | | | | | | |  | |
| If yes, please explain. | |  | | | | | | | | | | |
| Is the insured a member of a trade association? | | | | | | | | | | |  | |
| If yes, which one? | |  | | | | | | | | | | |
| Does the insured provide monitoring services? | | | | | | | | | | |  | |
| Are all technicians properly licensed where required? | | | | | | | | | | |  | |
| If yes, please explain. | |  | | | | | | | | | | |
| Has a license been suspended or revoked in the past 5 years? | | | | | | | | | | |  | |
| Do technicians have prior training and at least 5 years industry experience? | | | | | | | | | | |  | |
| Do you offer a formal training and safety program? | | | | | | | | | | |  | |
| If yes, please explain. | |  | | | | | | | | | | |
| Is there a formal written procedure and protocol that technicians are required to follow when responding to a service call? | | | | | | | | | | |  | |
| If yes, please describe. | |  | | | | | | | | | | |
| Are technicians instructed to not install faulty or defective components? | | | | | | | | | | |  | |
| Are all employees checked for criminal backgrounds dating back 10 or more years and verified before hire? | | | | | | | | | | |  | |
| Are drug tests performed prior to hiring and/or randomly throughout employment? | | | | | | | | | | |  | |
| Have any of the insured’s employees ever been accused of stealing a client’s personal property? | | | | | | | | | | |  | |
| Are all subcontractors required to carry insurance with equal or greater limits naming the insured as an additional insured on their policy? | | | | | | | | | | | |  |
| Does the alarm dealer promise or imply increased safety or protection with the purchase of their system? | | | | | | | | | | |  | |
| Do manufacturers or alarm systems components supply any quality guarantees on their products? | | | | | | | | | | |  | |
| Does the insured ever modify products or make installations or repairs that are not in accordance with the manufacturer’s guidelines? | | | | | | | | | | |  | |
| Does the insured purchase their products direct from the manufacturer? | | | | | | | | | | |  | |
| If so, are they listed under a Vendors Endorsement to the manufacturer’s liability policy as an additional insured? | | | | | | | | | | |  | |
| Do the alarm systems and components manufacturers with whom the insured does business with have a favorable reputation and loss history? | | | | | | | | | | |  | |
| Does the insured offer “customized” products? | | | | | | | | | | |  | |
| If yes, please describe. | |  | | | | | | | | | | |
| Do the insured’s practices include “restricted” use? | | | | | | | | | | |  | |
| If yes, please describe how this is communicated to the consumer: | | | | | | |  | | | | | |
| Does the insured have a privacy policy regarding protection of confidential client information | | | | | | | | | | |  | |
| If yes, how is it stored? | | |  | | | | | | | | | |
| Does the insured offer customers any guarantee regarding their satisfaction with the quality of its services? | | | | | | | | | | |  | |
| Scheduled Auto Section  **Vehicle Schedule**   |  |  |  |  | | --- | --- | --- | --- | | **Year** | **Make** | **Model** | **Vin** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   **Driver Schedule**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **First Name** | **Last Name** | **Date of Birth** | **Drivers License** | **State** | **Date of Hire** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Are any of the vehicles equipped with built-in or portable GPS devices monitored by the insured? | | | |  | | | Does the insured require that all services calls are complete daily vs. reschedule? | | | |  | | | Are employees permitted to take company vehicles home overnight? | | |  |  | | | Is personal use of the vehicles permitted? | | |  |  | | | If yes, please explain |  | | | | | | Does the insured offer driver safety training? | | |  |  | | | Is there any two-way communication devices used in the vehicles? | | |  |  | | | If so, please describe equipment | |  | | | | | Are all electronics and communication devices hands free? | | | |  | | | Is training on the procedure and use of such devices provided? | | | |  | | | Do you pull Motor Vehicles Records prior to permitting driving responsibilities? | | | |  | | | Do any drivers have major violations in the past 3 years? | | | |  |  | |   Property Section | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Loc.** | **Street Address** | | | | **City** | | | **State** | **Zip** | **PC** |
|  |  | | | |  | | |  |  |  |
| **Building Information** | | | | **Year of Updates** | | | | **Protection** | | |
| Year Built | |  | | Wiring | |  | | Theft Alarm |  | |
| Construction | |  | | Plumbing | |  | | Sec. Cameras |  | |
| Area | |  | | Heating | |  | | Fire Alarm |  | |
| Stories | |  | | Roof | |  | | Sprinklered |  | |
| Distance to Fire Station | | | |  | | Distance to Fire Hydrant | | |  | |
| **Limits of Coverage** | | | | | | | | | | |
| **Coverage** | | | **Limits** | | **Deductible** | | **Form** | | **Cause of Loss** | |
| Building | | |  | |  | |  | |  | |
| Bus. Pers. Prop. | | |  | |  | |  | |  | |
| Business Income | | |  | |  | |  | |  | |
| Signs | | |  | |  | |  | |  | |
| Inland Marine\* | | |  | |  | |  | |  | |
| Property Enhancement | | | Include | | Not Elected | |  | | | |
|  | | | | | | | | | | |

***If electing Inland Marine please provide a schedule for items over $1,000 in value***

|  |  |
| --- | --- |
| Is the premises protected by a Central Station Burglar Alarm? |  |
| Does the insured have an emergency backup plan in case the facility becomes inoperative? |  |
| In the event of business interruption, is there rental space readily available in your area? |  |
| Do you have any reciprocal arrangements with other business to use their facilities in the event of a loss? |  |
| Do you use multiple suppliers or rely upon one? |  |

Inland Marine Schedule

|  |  |  |  |
| --- | --- | --- | --- |
| **Make** | **Model** | **Serial Number** | **Value** |
|  |  |  |  |
|  |  |  |  |
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Insurance History Section

**Prior Insurance Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Prior Carrier** | **Policy Term** | **Policy Number** | **Policy Premium** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Currently valued loss runs are a submission requirement. If there have been any losses, adequate information must be included to explain actions taken to preclude a similar loss(es). Quotes will be conditioned on this requirement, and no coverage is to be bound without this information. | | | |

**Loss History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Click here if no prior claims | | | |
| **Date of Loss** | **Description of Claim** | **Amount Paid** | | **Claim Status** | | | |
|  |  |  | |  | Open |  | Closed |
|  |  |  | |  | Open |  | Closed |
|  |  |  | |  | Open |  | Closed |
|  |  |  | |  | Open |  | Closed |

|  |  |  |
| --- | --- | --- |
| PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES  WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN  WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.  Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 MAY subject that person to criminal and civil penaltieS AND MAY FURTHERMORE LEAD TO VOIDING OF THE INSURANCE POLICY. | | |
| **(Applicants Initals)** | |  |
| THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE | | |
| **Producer’s Signature** | **Producers Name (please print)** | **Date** |
|  |  |  |
| **Applicant’s Signature** | **Applicants Name (please print)** | **Date** |
|  |  |  |