

ALARM INSTALLATION, SERVICING, MONITORING OR REPAIR GENERAL LIABILITY SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Applicant's Name:	Agency Name: Agency Location:
Applicant's Mailing Address:	Agent Name:
Applicant's Location Address:	Applicant's E-mail Address:
Applicant's Website Address:	Applicant's Phone:
PROPOSED EFFECTIVE DATE: FROM _____ TO _____ 12:01 A.M., Standard Time at the address of the applicant	

Applicant is:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other (Specify) _____
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1.	BUSINESS/APPLICANT INFORMATION	
a.	How long has applicant been in business? Total number of employees Is applicant licensed If no, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	:Estimated annual: Payroll Sales Cost of subcontractors	\$ \$ \$

2.	Advise payroll and sales for each:	Payroll	Sales
a.	Burglar alarms—residential		
.b.	Burglar alarms—commercial		
c.	Fire alarms—residential		
d.	Fire alarms—commercial		
e.	Alarm monitoring operations (If any medical alarm monitoring, show separate sales for same.)		
f.	Monitoring, installation, servicing or repair of emergency medical alert systems or nurse call buttons. Describe:		
g.	Other: _____		

3.	UNDERWRITING DETAILS Does Applicant:	YES	NO
a.	Do any manufacturing?		
b.	Sell anything under own label		
c.	If yes to a. or b. Describe:		
d.	Sell any items <u>other than</u> items which are installed by applicant? If yes, attach list including sales		
e.	Do design work for others? If yes, percent of operation		
f.	Design systems without performing installation If yes, percent of operation		
g.	Install alarms or phones in vehicles, mobile equipment, watercraft or aircraft? If yes explain:		

4.	UNDERWRITING DETAILS -- SUBMIT AND PROHIBITED Does Applicant:	YES	NO
a.	Install or monitor alarms in correctional facilities, detention facilities, nursing homes, hospitals, banks, federal reserves, or transportation facilities? IF YES submit to underwriter with sales and payroll		
b.	Install or monitor medical alert systems more than 15% of insured's total operations. IF YES submit to underwriter		
c.	Install or monitor metal, chemical or explosive detection devices at transportation facilities, federal buildings or post office mailrooms IF YES PROHIBITED.		
d.	Install or monitor alarms at chemical, fertilizer or petrochemical facilities? IF YES PROHIBITED.		
e.	Have off-shore exposures (i.e., gas and oil rigs, ships) IF YES PROHIBITED.		
f.	Install, service or repair fire suppression systems. IF YES, PROHIBITED.		
g.	Monitor for home incarceration or pre-trial release : IF YES, PROHIBITED		

5.	SCHEDULE OF HAZARDS:			
LOC. #	CLASSIFICATION DESCRIPTION	CLASS CODE	EXPOSURE	Premium Basis (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other)

6.	ADDITIONAL APPLICANT INFORMATION -- EMPLOYEES Does Applicant:	YES	NO
a.	Have Workers' Compensation coverage in force?		
b.	Lease employees? If yes, describe:		

c.	Have a training program? If yes, describe: .		
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7.	ADDITIONAL APPLICANT INFORMATION - CONTINUED Does Applicant:	YES	NO
a.	Engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? If yes, describe:		
b.	Have other business ventures for which coverage is not requested If yes, describe: .		
c.	Limit his liability to a stated dollar amount (liquidated damages) on the standard alarm contract with the client? If yes: What is maximum limit allowed? \$ What percentage of contracts waive the liquidated damages clause?_ %		

8.	ATTACHMENTS Please attach:		
a.	Any descriptive or advertising literature;		
b.	Copy of usual performance contract with client		
c.	Any hold harmless agreements executed in favor of client		

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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.

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.

NOTICE TO KANSAS APPLICANTS: 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, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

NOTICE TO LOUISIANA APPLICANTS: 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 fines and confinement in prison.

NOTICE TO MAINE 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 may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: 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 fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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 include imprisonment, fines, and denial of insurance benefits.

NEW YORK FRAUD WARNING: 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.

APPLICANT'S STATEMENT:

I/We hereby declare that the above statements and particulars are true and I/We agree that this application shall be the basis of the contract with the insurance company.

APPLICANT NAME: 	APPLICANT TITLE:
APPLICANT'S SIGNATURE _____ (must be signed by an active owner, partner or executive officer)	DATE:
PRODUCER'S SIGNATURE: _____	DATE:

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