



Alarm Installation & Monitoring Application

COPY OF INSTALLATION CONTRACT MUST BE SUBMITTED WITH QUESTIONNAIRE

1. Name (Complete name as it should appear on the policy including Inc., Corp., Ltd., Etc.)

2. Physical Address

3. Telephone () No. Street City County State Zip Code Fax ()

4. Date established License No. Sole Proprietor Partnership Corporation Other

5. Policy proposed effective date to

6. Estimated annual a. Sales \$ b. Payroll \$

7. Operations of applicant (show sales for each – total shown should equal sales in question 3a)

Table with 4 columns: Code, Description, Code, Amount (\$). Rows A-K including Burglar & fire alarm installation, Medical emergency, etc.

8. Is the monitoring subcontracted out or handled by a third party? Yes No If yes, what is the total cost?

9. Is there any other work subcontracted out? Yes No If yes, what is the cost

10. Total number of employees: Full Time Part Time

Additional Coverages – Check all that apply

Additional Insureds Individual Blanket Per Project Aggregate Stop Gap
Waiver of Subrogation Individual Blanket Employee Benefits Liability
Primary Wording Individual Blanket Hired/Non-owned Auto

NOTICE TO APPLICANTS: THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLELY ON THE INFORMATION PROVIDED...

Name (type or print) Signature Date

NOTICE TO PRODUCERS: THE PRODUCER HEREBY WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

Name (type or print) Signature Date License #

Optional Coverages (please attach an ACORD application)

Property Contractors Equipment EDP Crime/Employee Dishonesty
Business Auto Workers' Compensation Umbrella/Excess Employment Related Practices