



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 _____
 No. Street City County State Zip Code
3. Telephone () _____ 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 6a)

| | | | |
|---|---|---|----|
| A | Burglar & fire alarm installation – residential | A | \$ |
| B | Burglar & fire alarm installation – commercial | B | \$ |
| C | Burglar & fire alarm monitoring operations | C | \$ |
| D | Medical emergency/ Nurse Call systems installation & monitoring | D | \$ |
| E | Home detention or penal/correctional/prisons/jail systems installation & monitoring | E | \$ |
| F | C.C.T.V. installation/ service/ repair | F | \$ |
| G | Access control/ card entry systems | G | \$ |
| H | Retail sales of equipment | H | \$ |
| I | Fire extinguisher servicing/ installation/ testing/ repair | I | \$ |
| J | Automatic sprinkler systems servicing/ installation/ testing/ repair | J | \$ |
| K | Other – Describe: _____ | K | \$ |

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, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME BY SIGNING THIS APPLICATION, THE SIGNOR WARRANTS THAT TO THEIR BEST KNOWLEDGE ALL INFORMATION GIVEN IS TRUE AND ACCURATE

 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