

ALARM INSTALLERS APPLICATION



**PART 1**

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Proposed Policy Period: From \_\_\_\_\_ to \_\_\_\_\_

**PART 2**

Applicant's Name (First Named Insured and other Named Insureds. Complete name as it should appear on the policy, including Corp, Ltd., etc.): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
(of First Named Insured) (No., Street, County, State, Zip Code)  
 Location Address: \_\_\_\_\_  
(No., Street, County, State, Zip Code)  
 Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Date Established: \_\_\_\_\_ License Number: \_\_\_\_\_  
 City(ies)/State(s) of Operation: \_\_\_\_\_

**COVERAGE**

Limits of Insurance requested: (Each Occurrence/ General Aggregate)  
 300,000/300,000  500,000/500,000  1,000,000/1,000,000  Other \_\_\_\_\_  
 300,000/600,000  500,000/1,000,000  1,000,000/2,000,000  
 Deductible Options: (Select One)  None  \$500  \$1,000  Other: \_\_\_\_\_

**OPERATIONS OF APPLICANT**

	Payroll	Sales	Subcontractors Cost
1. Alarm Installation, Service and/or Repair	\$ _____	\$ _____	\$ _____
2. Medical Alert Systems Installation	_____	_____	_____
3. Alarm Monitoring	_____	_____	_____
4. Medical Alert Monitoring	_____	_____	_____
5. Fire Extinguisher Servicing, Refilling and/or Testing	_____	_____	_____
6. Fire Suppression and Automatic Sprinkler Installation, Service and/or Repair	_____	_____	_____
7. Closed Circuit TV Installation/Service (CCTV)	_____	_____	_____
8. Home Theater Installation/Service	_____	_____	_____
9. Smart Home Installation/Service	_____	_____	_____
10. Retail Sales of Equipment	_____	_____	_____

11. Sales: 1<sup>st</sup> Year Prior: \$ \_\_\_\_\_ 2<sup>nd</sup> Year Prior: \$ \_\_\_\_\_ 3<sup>rd</sup> Year Prior: \$ \_\_\_\_\_

12. Does the applicant subcontract work to others?  Yes  No
- If 'Yes':
- a. Are certificates of insurance required from subcontractors?  Yes  No
  - b. Are subcontractors' coverages and limits equal to or greater than the applicants?  Yes  No
  - c. What percent of work on a typical project is performed by:
    - (1) Your Employees \_\_\_\_\_ %
    - (2) Subcontractors under your supervision \_\_\_\_\_ %

**OPERATIONS OF APPLICANT (Continued)**

13. Does the applicant have workers' compensation coverage in force for all employees?  Yes  No
14. Does the applicant lease employees?  Yes  No  
 If 'Yes', for what positions? \_\_\_\_\_
15. Applicant must use a contract that contains a limitation of damages provision (please provide copy).  
 Is the liquidated damages clause ever waived?  Yes  No  
 If 'Yes', please provide details: \_\_\_\_\_
16. Are UL listed, Factory Mutual, or an equivalent organization's approved products utilized?  Yes  No
17. Does the applicant obtain Factory Mutual and/or National Association of Fire Equipment and Distributors (NAFED) certification?  Yes  No
18. Does the applicant do any manufacturing?  Yes  No
19. Is there any sale of equipment under the applicant's own label?  Yes  No
20. Is there any sale or use of foreign products imported directed from a foreign manufacturer?  Yes  No
21. Are service personnel required to pass local, state or organizational exams to obtain certification or licensure?  Yes  No
22. Does the applicant install, service, repair and/or monitor in or for any of the following:
- a. Airports/NASA equipment facilities?  Yes  No
  - b. FAA towers/operations?  Yes  No
  - c. Buildings exceeding five (5) stories?  Yes  No
  - d. Detention, penal, and/or correctional facilities?  Yes  No
  - e. Hospitals and/or nursing homes?  Yes  No
  - f. Nuclear power plants of any type?  Yes  No
  - g. Off shore oil/gas rigs?  Yes  No
  - h. Petro-chemical plants/refineries?  Yes  No
  - i. Facilities where explosives/chemicals are handled or stored?  Yes  No
  - j. Computer or high tech facilities, including governmental?  Yes  No
  - k. Armband monitoring of any type and/or home arrest?  Yes  No

On a separate sheet, describe business activities for each 'Yes' response given for question 22.

23. Please describe the four largest projects undertaken by you in the past five years.

	Description	Job Cost	Project Duration
1.			
2.			
3.			
4.			

24. Please describe the four largest projects planned for the upcoming year.

	Description	Est. Job Cost	Est. Project Duration
1.			
2.			
3.			
4.			

