

Agency Name:  
Address:  
Contact Name:  
Phone:  
Fax:  
Email:

## Alarm or Security System Design, Installation, Service, Repair Or Monitoring Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)  
All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant's Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

\_\_\_\_\_ Web Address \_\_\_\_\_

\_\_\_\_\_ Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Applicant is ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

### GENERAL LIABILITY LIMITS (PER OCCURRENCE)

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ \_\_\_\_\_

PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ \_\_\_\_\_

PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ \_\_\_\_\_

EACH OCCURRENCE \$ \_\_\_\_\_

DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ \_\_\_\_\_

MEDICAL EXPENSE (ANY ONE PERSON) \$ \_\_\_\_\_

### SCHEDULE OF HAZARDS

ALARM OR SECURITY SYSTEM DESIGN, INTALLATION, SERVICE OR REPAIR		ALARM MONITORING	
TYPES OF BUSINESSES PROTECTED:	% OF OPS	IS SERVICE PROVIDED?	IF YES, ENTER % OF OPS
<input type="checkbox"/> Casinos	___	<input type="checkbox"/> YES <input type="checkbox"/> NO	___
<input type="checkbox"/> Commercial (e.g., Auto dealers, retail stores, restaurants, etc.)	___	<input type="checkbox"/> YES <input type="checkbox"/> NO	___
<input type="checkbox"/> Financial Institutions (e.g., Offices or banks)	___	<input type="checkbox"/> YES <input type="checkbox"/> NO	___
<input type="checkbox"/> Governmental Entities (City, state, federal)	___	<input type="checkbox"/> YES <input type="checkbox"/> NO	___
<input type="checkbox"/> Industrial Plants	___	<input type="checkbox"/> YES <input type="checkbox"/> NO	___
<input type="checkbox"/> Laboratories	___	<input type="checkbox"/> YES <input type="checkbox"/> NO	___

ALARM OR SECURITY SYSTEM DESIGN, INTALLATION, SERVICE OR REPAIR		ALARM MONITORING	
TYPES OF BUSINESSES PROTECTED ( <i>CONTINUED</i> ):	% OF OPS	IS SERVICE PROVIDED?	IF YES, ENTER % OF OPS
<input type="checkbox"/> Medical Facilities (e.g., Hospitals, nursing homes, nursing call stations, pendant panic buttons, etc.)	—	<input type="checkbox"/> YES <input type="checkbox"/> NO	—
<input type="checkbox"/> Military Installations	—	<input type="checkbox"/> YES <input type="checkbox"/> NO	—
<input type="checkbox"/> Nuclear power plants	—	<input type="checkbox"/> YES <input type="checkbox"/> NO	—
<input type="checkbox"/> Office Buildings	—	<input type="checkbox"/> YES <input type="checkbox"/> NO	—
<input type="checkbox"/> Penal Facilities	—	<input type="checkbox"/> YES <input type="checkbox"/> NO	—
<input type="checkbox"/> Residential (e.g., Apartments, dwellings, etc.)	—	<input type="checkbox"/> YES <input type="checkbox"/> NO	—
<input type="checkbox"/> Schools/Colleges	—	<input type="checkbox"/> YES <input type="checkbox"/> NO	—
<input type="checkbox"/> Transportation (e.g., Airports, docks, harbors, mass transit stations, railroads, ships, subways, toll booths, tunnels, etc.)	—	<input type="checkbox"/> YES <input type="checkbox"/> NO	—
<input type="checkbox"/> Utility Properties (e.g., Electric/Gas/Water companies, etc.)	—	<input type="checkbox"/> YES <input type="checkbox"/> NO	—
<input type="checkbox"/> Other ( <i>describe below</i> ) _____ _____ _____ _____ _____	—	<input type="checkbox"/> YES <input type="checkbox"/> NO	—

TYPES OF SERVICES OFFERED:	% OF OPS
<input type="checkbox"/> Access Control Systems Installation, Service or Repair	—
<input type="checkbox"/> Alcohol Monitoring Systems	—
<input type="checkbox"/> Automobile Alarm or Stereo Installation	—
<input type="checkbox"/> Burglar Alarm Installation, Service or Repair	—
<input type="checkbox"/> CCTV Installation, Service or Repair	—
<input type="checkbox"/> Fire Alarm Installation, Service or Repair	—
<input type="checkbox"/> Medical Alert System Installation	—
<input type="checkbox"/> Security Guards	—
<input type="checkbox"/> Other ( <i>describe below</i> ) _____ _____ _____ _____ _____	—

## PERSONNEL

Number of Employees: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Total Payroll \$ \_\_\_\_\_ Total Sales \$ \_\_\_\_\_

1. Does the applicant obtain background checks (including fingerprint checks for any prior criminal records)?..... ☐ Yes ☐ No  
If yes, does investigation include out-of-state background checks? ..... ☐ Yes ☐ No
2. Does applicant require verification of previous employment? ..... ☐ Yes ☐ No
3. Is training required with ongoing education? ..... ☐ Yes ☐ No

## OPERATIONS

1. How many years has the applicant been in business? \_\_\_\_\_
2. Is business licensed and/or certified according to state regulations? ..... ☐ Yes ☐ No
3. Is the applicant owned by, associated with, engaged in or involved with any other enterprise? ..... ☐ Yes ☐ No  
If yes, provide details. \_\_\_\_\_  
\_\_\_\_\_
4. Is all equipment maintained and serviced in accordance with the manufacturer's operation and maintenance instructions? ..... ☐ Yes ☐ No  
If no, provide details. \_\_\_\_\_  
\_\_\_\_\_
5. Does the applicant install, maintain and service systems that comply with standards set by UL, Factory Mutual, NFPA, NEC, NFBA or CSAA? ..... ☐ Yes ☐ No  
If no, provide details. \_\_\_\_\_  
\_\_\_\_\_
6. If the applicant provides monitoring services, is the application compliant with standards set by ANSI for CAD providers, and PSAP CAD systems? ..... ☐ Yes ☐ No  
If no, provide details. \_\_\_\_\_  
\_\_\_\_\_
7. Does the applicant require all clients to sign a contract that contains liquidated damages, third party indemnification and Right to assign provisions? ..... ☐ Yes ☐ No  
Provide a copy of the contract used. \_\_\_\_\_
8. Does the applicant manufacture either entire systems or components thereof? ..... ☐ Yes ☐ No  
If yes, provide details. \_\_\_\_\_  
\_\_\_\_\_
9. Does the applicant sell any products under their own label? ..... ☐ Yes ☐ No  
If yes, provide details. \_\_\_\_\_  
\_\_\_\_\_
10. Does the applicant keep duplicate records (e.g., work orders, purchase orders, contracts, etc)? ..... ☐ Yes ☐ No  
If yes, provide details. \_\_\_\_\_  
\_\_\_\_\_
11. Does the applicant own their own central station? ..... ☐ Yes ☐ No  
If yes, does the applicant provide monitoring services for:  
Systems they install? ..... ☐ Yes ☐ No  
Systems installed by other alarm dealers? ..... ☐ Yes ☐ No  
If yes, provide details. \_\_\_\_\_  
\_\_\_\_\_

## SUBCONTRACTORS

If you NEVER hire subcontractors, please check here ☐

If you DO hire subcontractors, please complete the section below:

1. Total subcontract cost \$ \_\_\_\_\_
2. Are certificates of insurance required from subcontractors? ..... ☐ Yes ☐ No
3. Do your subcontractors carry coverage or limits less than yours? ..... ☐ Yes ☐ No  
If yes, what are the minimum limits you accept? \_\_\_\_\_
4. Are written contracts including a hold harmless clause in your favor obtained from all subcontractors? (A copy of the contract is mandatory to bind coverage.) ..... ☐ Yes ☐ No
5. Are you named as an additional insured on the subcontractors' policy? ..... ☐ Yes ☐ No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**IMPORTANT NOTICE:** 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.

### FRAUD STATEMENT FOR THE STATE(S) OF:

**Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:** 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.

**Colorado:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

**Florida:** 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.

**Hawaii:** Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

**Kansas:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of,

an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Kentucky, Ohio, Pennsylvania:** 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.

**Maine, Tennessee, Virginia, 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 may include imprisonment, fines, or a denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or 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.

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico:** 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 civil fines and criminal penalties.

**New York:** 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.

**Oklahoma WARNING:** 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.

**Oregon:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date