



D. Operations of applicant (show sales and payroll for each)		Payroll	Sales
1.	Burglar alarms—residential	\$	\$
2.	Burglar alarms—commercial	\$	\$
3.	Fire alarms—residential	\$	\$
4.	Fire alarms—commercial	\$	\$
5.	Fire extinguisher	\$	\$
6.	Automatic sprinkler systems	\$	\$
7.	Inspection and/or cleaning of automatic suppression and duct systems	\$	\$
8.	Alarm monitoring operations (If any medical alarm monitoring show separate sales for same.)	\$	\$
9.	Monitoring, installation, servicing or repair of emergency medical alert systems or nurse call buttons. Describe:	\$	\$
10.	OTHER	\$	\$

E. Does applicant do any manufacturing?  Yes  No

Does applicant sell anything under own label?  Yes  No

If the answer to either question is yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

F. Does applicant sell any items other than items which are installed by applicant?  Yes  No

If yes, provide listing of products sold \_\_\_\_\_

Sales amount for these products? \_\_\_\_\_

G. Does applicant do design work for others?  Yes  No If yes, % of operation \_\_\_\_\_

H. Does applicant design systems without performing installation?  Yes  No If yes, % of operation \_\_\_\_\_

I. Does applicant install alarms, phones, or extinguishing systems in vehicles, mobile equipment, watercraft, or aircraft?

Yes  No If yes, explain \_\_\_\_\_

J. Does applicant install alarms or fire protection systems at institutional facilities such as hospitals, nursing homes, detention or correctional facilities?  Yes  No If yes, provide details and sales amount \_\_\_\_\_

\_\_\_\_\_

K. Does applicant perform any filling of oxygen tanks including scuba?  Yes  No If yes, % of operation \_\_\_\_\_

L. Does applicant install fire protection systems in refineries, nuclear power plants or facilities working with explosive materials or is applicant involved with any operations for offshore exposures including gas/oil rigs?  Yes  No

M. Does applicant have Workers' Compensation coverage in force?  Yes  No

N. Does applicant lease employees?  Yes  No

O. Does applicant have a training program?  Yes  No If yes, describe \_\_\_\_\_

P. Does applicant subcontract work to others?  Yes  No If yes, what type of work? \_\_\_\_\_

Are certificates of insurance obtained from ALL subcontractors?  Yes  No

Q. 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.

R. Does applicant limit his liability to a stated dollar amount (liquidated damages) on his standard alarm contract with his client?  Yes  No If yes, what is maximum limit allowed? \_\_\_\_\_

S. During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri)  Yes  No If yes, explain \_\_\_\_\_

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

YEAR	COMPANY	POL. #	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

SCHEDULE OF HAZARDS											
Loc. No.	Classification	Class. Code	Premium Bases:			Terr.	Rate		Premium		
			(s) Gross Sales	(p) Payroll	(a) Area		(c) Total Cost	(t) Other	Prem./Ops.	Products	Prem./Ops.

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF 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.

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 subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

AGENT NAME \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
*(Applicable to Florida Agents Only.)*

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT \_\_\_\_\_

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.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE