GENERAL LIABILITY



Alarm & Security Communications Liability



Cable TV & Tele-Communications Liability



Communications Professional E & O Liability





ALARM TELECOMMUNICATIONS INSURANCE APPLICATION

Revised 08-03-06

Α	pp.	lication	Instruct	tions
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- A. Please type or complete the application in ink.
 B. If additional space is needed, please use your firm's letterhead.

	neral Applicant Information
1.	Applicant Company Name:
	DBA:
2.	Address 1:
	Address 2:
	City: State: Zip:
3.	Contact Name:
	Phone:
4.	Type of Business:
5.	Effective Date:
٥.	Expiration Date:
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	Description of Operation:
	neral Liability Operations: YES OR NO ANSWERS
	Does the applicant do any Fire Suppression Systems installation, service or repair?
	Does the applicant do any manufacturing?
	Is the applicant an Internet Service Provider?
	Does applicant use security guards or "armed runners"?
	Is the applicant a cable programmer or operator who provides content?
	Does the applicant do any medical monitoring?
13.	Does the applicant do new construction of multi unit residential facilities such as condominiums, duplexes, triplexes and
	townhouses not including apartment buildings?Sales Amt. \$Number of Unitspre-wiring.
	Does the applicant do new construction of residential housing developments of 10 homes or more?
15.	Does the applicant do any work in New York City including the 5 boroughs (Bronx, Brooklyn, Manhattan, Queens and
	Richmond/Staten Island)?
	a. Does the applicant work elsewhere in New York State?
16.	a. Does the applicant work elsewhere in New York State? Does the applicant use standard contracts on every job? *Copy of blank contract required.
17.	Does the applicant's contracts contain a Limits of Liability Clause (Liquidated Damages)?
	Please enter liability amount:
18.	Are products used UL or Factory Mutual approved?
19.	Does the applicant do any design or consulting work beyond maps, shop drawings, opinions, reports, surveys, fields orders,
	change orders, or drawings and specification in connection with construction work performed by the applicant or on applicant's
	behalf?
20.	Does the applicant subcontract more than 25% of work (does not apply to monitoring)?
	Who is filing the surplus lines taxes?
22.	Estimated Total Current Annual Receipts: \$ (Annual Payroll - Field only)?
23 .	Is the monitoring handled by a sub-contractor or direct?
24.	What is the year the business was established?
	Has the applicant been in business less than 3 years? Rev (05/08/07)

Please enter Professional Qualifications if less than 1 year in business:

27. 28. 29. 30. 31. 32.	Has applicant declared bankruptcy within the past three years? Does applicant sell under his/her own label? How many direct monitoring clients does applicant have? How many sub-contracted monitoring clients does applicant have? Are false alarms recorded? Is coverage being requested for communication towers? Is the monitoring handled by a sub-contractor or direct? Are you named as an additional insured on all subcontractors policies? What Limits of liability do you require subs to carry? Do your subs provide you with certificates of insurance? Do any of the following generate more than 25% of annual revenue? Electrical Contracting: Fire Extinguisher Sales Service: NOTE: Do you use the Internet for monitoring or inter act with clients?				
	Data Processing Service Operations:				
34.	Indicate scope of Installation, Service and				
	operations: Repair				
	Burglar Alarm:				
	Fire Alarm:				
	Fire Suppression:				
	Water Flow:				
	Phone Networks:				
	Internet Connections:				
	Wireless Communications: Cable Connections:				
	CCTV:				
	Two Way VDT:				
	Other: Monitoring				
	Other:				
	Total must = 100%				
35.	Indicate the percentages of work performed: Installation, Service and Repair				
	Airports:				
	Apartments:				
	Commercial:				
	Custom Homes (non Tract):				
	Hospitals/Healthcare:				
	Jails/Justice:				
	Manufacturing/Industrial:				
	Tract (over 10 Homes):				
	*Condos/Townhouses:				
	Total must = 100%				
26	* % of pre-construction wiring in CA, OR, NV, WA				
	Total Number Of Employees:				
	Are employees given pre employment physicals? Drug tests?				
	. Are background checks done?				
	Does your firm have a written job safety program?				
	Do you conduct tailgate meetings?				
ri.	If yes, how often?				
42.	Do you video or photo job site before commencement?				
43.	Does the applicant carry a business automobile policy?				
	Current Annual Receipts: \$				
	1st Prior Annual Receipts: \$				
	2nd Prior Annual Receipts: \$				
47.	Five Largest Clients:				

Client Name:	Approximate Revenue:			
Client Name:	Approximate Revenue:			
Client Name:	Approximate Revenue:			
Client Name:	Approximate Revenue:			
Client Name:	Approximate Revenue:			
Claim History				
	he past 3 years?			
48. Has the applicant reported any General or Professional Liability claim in t 49. Has the applicant reported any General or Professional Liability claim in t (If "yes", please complete the Claim Supplement)	he past 5 years? *Claims history required.			
Insurance History				
Renewal No:				
50. Is Professional Liability Coverage included?51. Has insurance coverage been declined or non-renewed within past 3 years	?			
	· 			
Limit Information 52. Limits Desired: \$ Deductible Desired: \$				
32. Limits Desired. φ Deduction Desired. φ				
Optional Coverages/Endorsements - Check off coverages you are requesting.				
Per Project Aggregate:				
Employee Benefits Liability:				
Hired Auto and Non Owned Auto:				
Stop Gap Endorsement: Waiver of Subrogation:				
Terrorism Coverage:				
Additional Insured CG 2010 11 85:				
Additional Insured CG 2010 11 85 with Primary Wording:				
Additional Insured AT 2010 10 93 with Primary Wording:				
Representations				
ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE				
APPLICATION IS SUBMITTED (HEREIN CALLED THE COMPANY) IN HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION				
DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO IS				
THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A PO				
TO AND MADE PART OF THE POLICY. THE UNDERSIGNED APPLICA				
SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF	OF THIS APPLICATION AND THE TIME WHEN			
THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOT				
THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING	QUOTATIONS AND AUTHORIZATION OR			
AGREEMENT TO BIND THE INSURANCE.				
Fraud Warnings				
NOTICE TO APPLICANTS: ANY PERSON WHO INCLUDES ANY FAL	SE OD MISI EADING INFORMATION ON AN			
APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.				
Signature of Owner, Partner or Principal Title	Date			