



Alarm, Extinguisher & Fire Protective Systems Supplemental Application

APPLICANT INFORMATION

Instructions: All questions must be answered. This application **must be signed and dated by an owner, officer, or partner**. Read carefully the statements at the end of this application.

1) Name of Applicant:						
2) Location Address:						
3) The Applicant is:	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other (describe)		
5) Years in business:		Total number of employees:				
6) Estimated annual	\$	Payroll	\$	Sales	\$	Cost - Subcontractors
7) Is the applicant licensed?				License Number:		
8) Please attach any descriptive or advertising literature, copy of usual performance contract with client, and any hold harmless agreements in favor of client.						

OPERATIONS OF APPLICANT (Show sales and payroll for each)

	Payroll	Sales
Burglar alarms – residential	\$	\$
Burglar alarms – commercial	\$	\$
Fire alarms – residential	\$	\$
Fire alarms – commercial	\$	\$
Fire extinguisher	\$	\$
Automatic sprinkler systems	\$	\$
Inspection and/or cleaning of automatic suppression and duct systems	\$	\$
Alarm monitoring operations (if any medical alarm monitoring show separate sales for same)	\$	\$
Monitoring, installation, servicing or repair of emergency medical alert systems for nurse call buttons	\$	\$
Other	\$	\$

EXPOSURE & HAZARDS

Does the applicant do any manufacturing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, sell anything under their own label?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		
Does the applicant sell any items other than items which were installed by applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide list of products sold:		
Sales amount for these products:: \$		
Does the applicant do any design work for others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, percent of operations:		
Does the applicant design systems without performing installation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, percent of operations:		
Does applicant install alarms, extinguishing systems in vehicles, mobile equipment, watercraft or aircraft?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		
Does applicant install alarms, extinguishing systems in vehicles, mobile equipment, watercraft or aircraft?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		
Does applicant install alarms or fire protection systems at institutional facilities such as hospitals, nursing homes, detention or correctional facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide details and sales amount:		
Does applicant perform any filling of oxygen tanks including scuba?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, percent of operation:		
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does applicant have workers compensation coverage in force?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does applicant lease employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does applicant have a training program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe:		

Does applicant subcontract work to others? If yes, what type of work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are certificates of insurance obtained from ALL subcontractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does applicant limit his liability to a stated dollar amount (liquidated damages) on his standard alarm contract with his client? If yes, what is the maximum limit allowed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury	\$
Each Occurrence	\$
Medical Expense (any one person)	\$
Requested Deductible Amount	\$

SCHEDULE OF HAZARDS									
Location No.	Classification Code	Class Code	Premium Basis	Territory	Rate	Products	Premium	Products	

LOSS HISTORY				
Policy Year	Claim Count	Losses Paid	Losses Reserved	Description

FRAUD STATEMENT

Any person who knowingly and with the 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.

WARRANTIES

I hereby apply for a policy of insurance as set forth in the application and I warrant and certify that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

Signature of Applicant: _____ Title: _____ Date: _____

I hereby warrant and certify that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____

Signature of Producing Agent: _____ Date: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY