

**NOTE: All Questions Must Be Answered**



**COMMERCIAL GENERAL LIABILITY APPLICATION FOR ALARM COMPANIES**

1. NAME: \_\_\_\_\_  
(COMPLETE NAME AS IT SHOULD APPEAR ON THE POLICY, INCLUDING INC., CORP., LTD., ETC.)
2. Physical Address: \_\_\_\_\_  
NO. STREET CITY COUNTY STATE ZIP
3. Mailing Address: \_\_\_\_\_  
NO. STREET CITY COUNTY STATE ZIP
4. Policy proposed effective date \_\_\_\_\_ to \_\_\_\_\_ (12:01 AM Standard Time at the address above)
5. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
6. Email: \_\_\_\_\_ Website: \_\_\_\_\_
7. How did you hear about us?  Web surfing  Ad in which publication: \_\_\_\_\_  Other: \_\_\_\_\_
8. Date established: \_\_\_\_\_  Corporation  Partnership  Individual  Other: \_\_\_\_\_
9. What background do the principals of this organization have in the Alarm Industry?  
 \_\_\_\_\_

10. Federal ID Number: \_\_\_\_\_ License Number: \_\_\_\_\_
11. Principal: \_\_\_\_\_ Title: \_\_\_\_\_
12. Person to contact for Audit: \_\_\_\_\_ Title: \_\_\_\_\_

13. Names and operations of any subsidiaries and/or related entities

14. Company activities:

Activity	Yes	No	Activity	Yes	No
Install Alarms	<input type="checkbox"/>	<input type="checkbox"/>	Service & Maintain Alarms	<input type="checkbox"/>	<input type="checkbox"/>
Monitor own customers	<input type="checkbox"/>	<input type="checkbox"/>	Monitor for other alarm companies	<input type="checkbox"/>	<input type="checkbox"/>
Intrusion Alarms	<input type="checkbox"/>	<input type="checkbox"/>	Smoke/Fire Alarms	<input type="checkbox"/>	<input type="checkbox"/>
Combination Intrusion/Fire	<input type="checkbox"/>	<input type="checkbox"/>	Temperature	<input type="checkbox"/>	<input type="checkbox"/>
Closed Circuit TV	<input type="checkbox"/>	<input type="checkbox"/>	Access Control (card key, gates, etc)	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguisher Sales & Service	<input type="checkbox"/>	<input type="checkbox"/>	Intercom	<input type="checkbox"/>	<input type="checkbox"/>
Lock & Safe	<input type="checkbox"/>	<input type="checkbox"/>	Medical Alert	<input type="checkbox"/>	<input type="checkbox"/>

Other, please describe:

15. List all trade and professional associations to which you belong:

16. Are you U.L. approved?  Yes  No

17. Describe procedures for investigating and training new employees. Polygraph, fingerprint, police check?

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18. Account profile. Answer each question by system type and provide number of accounts for each category

How many	Residential	Commercial
Central Station subscribers do you have?		
Systems do you install each year?		
Local Alarms do you install each year?		
Alarm Systems did you sell last year?		

19. Do you have any monitoring arrangement with an answering service or police/fire departments?  Yes  No If yes, how many Commercial \_\_\_\_\_, how many Residential \_\_\_\_\_

Include copies of all agreements with the monitoring entities.

20. Do you enter into a standard contract with your clients?  Yes  No If yes, please provide a complete copy of each of your current contract forms.

21. Prior General Liability Information:

a. Please provide the following information for the prior 4 years, in addition to currently valued loss runs for the prior 4 years.

Policy Term				
Insurer				
Premium				
Revenue				
Deductible				
Losses				

b. Has any insurer cancelled or non-renewed your General Liability insurance over the past 5 years?  Yes  No  
If yes, please explain. \_\_\_\_\_

22. Provide all of the following:

PAYROLL AND EMPLOYEES	This Year	Next Year
Total Annual payroll including executive		
Total number of full time employees		

REVENUES	This Year	Next Year
Outright sales of alarms <i>without</i> contract		
Outright sales of alarms <i>with</i> contract		
Central Station subscriber Fees (If subcontracted, show only retained fees)		
All other alarm income-leases, monitoring service, etc.		
Detective, Guard or Watchmen services		
Other operations (Describe)		
Total Gross Income		

The applicant hereby covenants and agrees that the foregoing statements and answers are a just, full and true exposition and explanation of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the applicant, and the same are hereby made the basis and a condition of the insurance, and a warranty on the part of the insured.

NEW YORK FRAUD CLAUSE The New York Superintendent of Insurance has required that the following language be included on all applications for insurance in the State of New York: Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

ALL QUESTIONS MUST BE ANSWERED IN FULL.  
ATTACH SEPARATE PAGES IF NECESSARY. APPLICATION MUST BE SIGNED

NOTICE TO APPLICANTS EXCEPT: AR, CO, FL, KY, OH, OK, PA, NJ & NY:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

NOTICE TO ARKANSAS APPLICANTS ONLY:

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.

NOTICE TO COLORADO ONLY:

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.

NOTICE TO FLORIDA ONLY:

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY AND PENNSYLVANIA ONLY:

Any person who knowing 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 and subject the person to criminal and civil penalties.

NOTICE TO OHIO ONLY:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA ONLY:

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.

NOTICE TO NEW JERSEY ONLY:

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

NOTICE TO NEW YORK ONLY:

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.

NOTE: THIS APPLICATION MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR CEO OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE.

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

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**APPLICATION MUST BE SUBMITTED BY BROKER**

\_\_\_\_\_  
BROKER'S COMPANY

\_\_\_\_\_  
BROKER NAME

\_\_\_\_\_  
WEBSITE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
FAX

\_\_\_\_\_  
EMAIL