



- Package
- Liability Only
- Property Only

# Alarm Installer Application

Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

SIU Producer # : \_\_\_\_\_

Company Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

DBA: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Contact: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insured is:  Corporation  Partnership  Individual Other: \_\_\_\_\_

Is the building?  Owned  Leased If owned, what % is occupied by the owner: \_\_\_\_\_

No. of Years in Business: \_\_\_\_\_ Years Experience in this Industry: \_\_\_\_\_

Bankruptcy or Foreclosures over the past 5 years:  Yes  No

Total Annual Gross Receipts/Sales: \$ \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Number of Owners: \_\_\_\_\_ Total Employee Payroll \$ \_\_\_\_\_

## Complete Description of Operations / \*\*Include any new services being provided\*\*:

**\*\*IMPORTANT to list all services provided so the proper classes are listed on policy\*\***

## Property Section

Construction:  Frame  Joisted Masonry  Non-Combust  Masonry  MNC

Year Built: \_\_\_\_\_ Total Square Foot Area: \_\_\_\_\_ No. of Stories: \_\_\_\_\_

Year Wiring Updated/installed: \_\_\_\_\_ Year Plumbing Updated/installed: \_\_\_\_\_

Year Heating Updated/installed: \_\_\_\_\_ Year Roof Updated/installed: \_\_\_\_\_

Sprinkler system throughout entire structure?  Yes  No Fire Extinguisher on Premises:  Yes  No

Less than 1,000 Feet to Pressurized Hydrant  Yes  No Protection Class: \_\_\_\_\_

Burglar Alarm Type:  Local  Central  Direct % of Building vacant: \_\_\_\_\_

Fire Alarm Type:  Local  Central  Direct  Hardwire  Battery

## Liability Limits (per Occurrence)

Each Occurrence \$ \_\_\_\_\_

General Aggregate (other than Products/Completed Operations) \$ \_\_\_\_\_

Products & Completed Operations Aggregate \$ \_\_\_\_\_

Personal & Advertising Injury (Any one person or organization) \$ \_\_\_\_\_

Damage to Premises Rented to You (Any one Premises) \$ \_\_\_\_\_

Medical Expense (Any One Person) \$ \_\_\_\_\_

Umbrella policy needed ?  Yes  No If yes, give Limit \$ \_\_\_\_\_

**Property Limits/Coverage**

Coverage	Coinsurance	Deductible	Cause of Loss	Valuation	Limits
Building:	_____ %	\$ _____	<input type="checkbox"/> Basic	<input type="checkbox"/> ACV	\$ _____
BPP:	_____ %	\$ _____	<input type="checkbox"/> Broad	<input type="checkbox"/> R C	\$ _____
BI:	_____ %	\$ _____	<input type="checkbox"/> Special	<input type="checkbox"/> Market	\$ _____

Sign: (Describe) \_\_\_\_\_ \$ \_\_\_\_\_

Crime Coverage: Emp Dishonesty \$ \_\_\_\_\_ Money & Securities \$ \_\_\_\_\_ Ded \$ \_\_\_\_\_

Equipment Breakdown Coverage Desired?  Yes  No

**Loss History**

Any Property and or Liability Losses:  Yes  No If yes, give details below.

Date of Loss: \_\_\_\_\_ Cause of Loss: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Cause of Loss: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Cause of Loss: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

**Auto Coverage**

Do you need Hired/Non-Owned Commercial Auto Liability Coverage?  Yes  No Limit: \_\_\_\_\_

Annual Cost of Hire: \_\_\_\_\_ No. of Drivers: \_\_\_\_\_ Delivery Provided?  Yes  No

**Owned Autos**

Liability Coverage?  Yes  No Physical Damage Coverage?  Yes  No

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>VIN #</u>	<u>Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

  

<u>Drivers Name</u>	<u>Date of Birth</u>	<u>Drivers License Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Equipment and Tools (additional equipment submit on schedule)**

<u>Description</u>	<u>Serial Number</u>	<u>Value \$</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Mortgagee</u>	<u>Additional Insured</u>
_____	_____
_____	_____
_____	_____

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## ALARM INSTALLATION OR MONITORING QUESTIONNAIRE

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Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: \_\_\_\_\_

Website: \_\_\_\_\_

### PROHIBITED CIRCUMSTANCES

*If any of the questions in this section are answered "YES," you are not eligible for coverage.*

1. Do you manufacture or design alarm or fire suppression systems?  Yes  No
2. Do you install, repair, or service fire suppression systems?  Yes  No
3. Does the applicant provide alarm response service?  Yes  No
4. Do you provide alarm installation or monitoring for the following:
  - a. Detention or Correctional Institutions:  Yes  No
  - b. Banks or other financial institutions:  Yes  No
  - c. Hospitals or other medical facilities:  Yes  No
  - d. Medical Alarm:  Yes  No
  - e. Nursing homes, residential care or assisted living facilities:  Yes  No
  - f. Refineries, electrical, natural gas or nuclear power plants or other facilities working with explosive materials:  Yes  No
  - g. Offshore exposures including gas/oil rigs:  Yes  No
  - h. Railroad stations or airports:  Yes  No
  - i. Vehicle or watercraft alarm installation:  Yes  No
5. Do you work on new residential construction, track housing, townhomes or condos in any of the following states: AL,AZ,CA,CO,HI,NV,NY,WV?  Yes  No

### INSTALLATION QUESTIONS

1. How many years of experience does the applicant have in installing alarms? \_\_\_\_\_
2. Type of alarms installed:  Security  Fire  Other: \_\_\_\_\_
3. Are all alarms and products used UL approved or labeled?  Yes  No

### MONITORING QUESTIONS (COMPLETE IF APPLICABLE)

1. For what types of businesses are alarms monitored:  
\_\_\_\_\_
2. Does the applicant subcontract any monitoring services?  Yes  No

**IMPORTANT NOTICE**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

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Applicant Signature

Title

Date

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Producer Signature

Date