

Agency Name:  
 Address:  
 Contact Name:  
 Phone:  
 Fax:  
 Email:

## Alarm or Security System Design, Installation, Service, Repair Or Monitoring Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

APPLICANT'S NAME AND MAILING ADDRESS	AGENT / PRODUCER INFORMATION
_____	_____
_____	_____
_____	_____
_____	_____
<b>BUSINESS NAME OR TRADING NAME:</b> _____	<b>APPLICANT'S PHONE NUMBER:</b> _____
_____	<b>APPLICANT'S WEB ADDRESS:</b> _____
_____	<b>INSPECTION CONTACT:</b> _____
<b>PROPOSED POLICY PERIOD:</b> _____ <b>TO:</b> _____	<b>CONTACT PHONE NUMBER:</b> _____
<b>APPLICANT IS:</b> <input type="checkbox"/> <b>INDIVIDUAL (INCLUDE DATE OF BIRTH):</b> _____ <input type="checkbox"/> <b>PARTNERSHIP (INCLUDE DATES OF BIRTH):</b> _____ _____ <input type="checkbox"/> <b>CORPORATION</b> <input type="checkbox"/> <b>JOINT VENTURE</b> OR <input type="checkbox"/> <b>OTHER</b> _____	
Years in business: _____	Years of Experience in this field: _____

Location #1 \_\_\_\_\_  
 Location #2 \_\_\_\_\_  
 Location #3 \_\_\_\_\_

### GENERAL LIABILITY LIMITS (PER OCCURRENCE)

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ \_\_\_\_\_  
 PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ \_\_\_\_\_  
 PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ \_\_\_\_\_  
 EACH OCCURRENCE \$ \_\_\_\_\_  
 DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ \_\_\_\_\_  
 MEDICAL EXPENSE (ANY ONE PERSON) \$ \_\_\_\_\_

### SCHEDULE OF HAZARDS

ALARM OR SECURITY SYSTEM DESIGN, INTALLATION, SERVICE OR REPAIR		ALARM MONITORING	
TYPES OF BUSINESSES PROTECTED:	% OF OPS	IS SERVICE PROVIDED?	IF YES, ENTER % OF OPS
<input type="checkbox"/> Casinos	___	<input type="checkbox"/> YES <input type="checkbox"/> NO	___
<input type="checkbox"/> Commercial (e.g., Auto dealers, retail stores, restaurants, etc.)	___	<input type="checkbox"/> YES <input type="checkbox"/> NO	___
<input type="checkbox"/> Financial Institutions (e.g., Offices or banks)	___	<input type="checkbox"/> YES <input type="checkbox"/> NO	___
<input type="checkbox"/> Governmental Entities (City, state, federal)	___	<input type="checkbox"/> YES <input type="checkbox"/> NO	___
<input type="checkbox"/> Industrial Plants	___	<input type="checkbox"/> YES <input type="checkbox"/> NO	___
<input type="checkbox"/> Laboratories	___	<input type="checkbox"/> YES <input type="checkbox"/> NO	___

ALARM OR SECURITY SYSTEM DESIGN, INTALLATION, SERVICE OR REPAIR		ALARM MONITORING	
TYPES OF BUSINESSES PROTECTED ( <i>CONTINUED</i> ):	% OF OPS	IS SERVICE PROVIDED?	IF YES, ENTER % OF OPS
<input type="checkbox"/> Medical Facilities (e.g., Hospitals, nursing homes, nursing call stations, pendant panic buttons, etc.)	—	<input type="checkbox"/> YES <input type="checkbox"/> NO	—
<input type="checkbox"/> Military Installations	—	<input type="checkbox"/> YES <input type="checkbox"/> NO	—
<input type="checkbox"/> Nuclear power plants	—	<input type="checkbox"/> YES <input type="checkbox"/> NO	—
<input type="checkbox"/> Office Buildings	—	<input type="checkbox"/> YES <input type="checkbox"/> NO	—
<input type="checkbox"/> Penal Facilities	—	<input type="checkbox"/> YES <input type="checkbox"/> NO	—
<input type="checkbox"/> Residential (e.g., Apartments, dwellings, etc.)	—	<input type="checkbox"/> YES <input type="checkbox"/> NO	—
<input type="checkbox"/> Schools/Colleges	—	<input type="checkbox"/> YES <input type="checkbox"/> NO	—
<input type="checkbox"/> Transportation (e.g., Airports, docks, harbors, mass transit stations, railroads, ships, subways, toll booths, tunnels, etc.)	—	<input type="checkbox"/> YES <input type="checkbox"/> NO	—
<input type="checkbox"/> Utility Properties (e.g., Electric/Gas/Water companies, etc.)	—	<input type="checkbox"/> YES <input type="checkbox"/> NO	—
<input type="checkbox"/> Other ( <i>describe below</i> ) _____ _____ _____ _____ _____	—	<input type="checkbox"/> YES <input type="checkbox"/> NO	—

TYPES OF SERVICES OFFERED:	% OF OPS
<input type="checkbox"/> Access Control Systems Installation, Service or Repair	—
<input type="checkbox"/> Alcohol Monitoring Systems	—
<input type="checkbox"/> Automobile Alarm or Stereo Installation	—
<input type="checkbox"/> Burglar Alarm Installation, Service or Repair	—
<input type="checkbox"/> CCTV Installation, Service or Repair	—
<input type="checkbox"/> Fire Alarm Installation, Service or Repair	—
<input type="checkbox"/> Medical Alert System Installation	—
<input type="checkbox"/> Security Guards	—
<input type="checkbox"/> Other ( <i>describe below</i> ) _____ _____ _____ _____ _____	—

**PERSONNEL**

Number of Employees: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Total Payroll \$ \_\_\_\_\_ Total Sales \$ \_\_\_\_\_

- 1. Does the applicant obtain background checks (including fingerprint checks for any prior criminal records)?.....  Yes  No  
If yes, does investigation include out-of-state background checks? .....  Yes  No
- 2. Does applicant require verification of previous employment? .....  Yes  No
- 3. Is training required with ongoing education? .....  Yes  No

**OPERATIONS**

- 1. How many years has the applicant been in business? \_\_\_\_\_
- 2. Is business licensed and/or certified according to state regulations? .....  Yes  No
- 3. Is the applicant owned by, associated with, engaged in or involved with any other enterprise? .....  Yes  No  
If yes, provide details. \_\_\_\_\_
- 4. Is all equipment maintained and serviced in accordance with the manufacturer's operation and maintenance instructions? .....  Yes  No  
If no, provide details. \_\_\_\_\_
- 5. Does the applicant install, maintain and service systems that comply with standards set by UL, Factory Mutual, NFPA, NEC, NFBAA or CSAA? .....  Yes  No  
If no, provide details. \_\_\_\_\_
- 6. If the applicant provides monitoring services, is the application compliant with standards set by ANSI for CAD providers, and PSAP CAD systems? .....  Yes  No  
If no, provide details. \_\_\_\_\_
- 7. Does the applicant require all clients to sign a contract that contains liquidated damages, third party indemnification and Right to assign provisions? .....  Yes  No  
Provide a copy of the contract used.
- 8. Does the applicant manufacture either entire systems or components thereof?.....  Yes  No  
If yes, provide details. \_\_\_\_\_
- 9. Does the applicant sell any products under their own label? .....  Yes  No  
If yes, provide details. \_\_\_\_\_
- 10. Does the applicant keep duplicate records (e.g., work orders, purchase orders, contracts, etc)? .....  Yes  No  
If yes, provide details. \_\_\_\_\_
- 11. Does the applicant own their own central station? .....  Yes  No  
If yes, does the applicant provide monitoring services for:  
Systems they install? .....  Yes  No  
Systems installed by other alarm dealers? .....  Yes  No  
If yes, provide details. \_\_\_\_\_

**SUBCONTRACTORS**

If you NEVER hire subcontractors, please check here

If you DO hire subcontractors, please complete the section below:

- 1. Total subcontract cost \$ \_\_\_\_\_
- 2. Are certificates of insurance required from subcontractors? .....  Yes  No
- 3. Do your subcontractors carry coverage or limits less than yours? .....  Yes  No  
If yes, what are the minimum limits you accept? \_\_\_\_\_
- 4. Are written contracts including a hold harmless clause in your favor obtained from all subcontractors? (A copy of the contract is mandatory to bind coverage.) .....  Yes  No
- 5. Are you named as an additional insured on the subcontractors' policy? .....  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**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.

**FRAUD STATEMENT – FOR THE STATE(S) OF:**

**Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:**

**NOTICE:** Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution,*) fines and confinement in prison (For Alabama add: *or any combination thereof*).

**Alaska**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**California**

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### **Colorado**

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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:**

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.

### **Delaware, Idaho:**

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

### **District of Columbia**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

### **Florida**

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

### **Indiana**

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

### **Kansas**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### **Kentucky**

Application Forms: Any person who knowingly 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.

### **Maine, Tennessee, Virginia, Washington:**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

### **Massachusetts, Nebraska, Vermont:**

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

### **Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **New Hampshire**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

**New Jersey**

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

**New Mexico**

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 civil fines and criminal penalties.

**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.

**Ohio**

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.

**Oklahoma**

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.

**Oregon**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

**Pennsylvania**

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.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date