ALARM FIRE SYSTEMS SUPPLEMENTAL APPLICATION

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: http://get.adobe.com/reader/.

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

Section I – Applicant Information

Name of Applicant: _____

Address: _____ City: _____ State: _____ Zip Code: _____

P.O. Box: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Website: _____

State(s) / Area of Operation: _____ Licensed for Business in State(s): _____

Years in Business: _____ Contractor License #: _____

Industry Experience: _____

Description of Operations: _____

Section II – Exposure Information

1. Please provide historical receipts, payroll and cost of subcontracted work.

Year	Annual Gross Receipts	Employee Payroll	Subcontractor Costs
5th Prior Year	$	$	$
4th Prior Year	$	$	$
3rd Prior Year	$	$	$
2nd Prior Year	$	$	$
Current Year	$	$	$
Projected Next 12 months	$	$	$

Section III – Description of Operations

1. Please indicate the estimated payroll, annual sales and subcontracted costs for each of the following.

Operation	Estimated Payroll	Estimated Sales	Subcontracted Costs
Burglar Alarm Installation – Residential:	$	$	$
Burglar Alarm Installation – Commercial:	$	$	$
Design Work (for self/not others):	$	$	$
Fire Alarm Installation – Residential:	$	$	$
Fire Alarm Installation – Commercial:	$	$	$
Fire Extinguisher:	$	$	$
Grease Cleaning Chemical/Ansul Systems:	$	$	$
Inspection and/or Cleaning of Automatic Suppression and Duct Systems:	$	$	$
Installation, Servicing or Repair of Emergency Medical Alert Systems or Nurse Call Buttons:	$	$	$
Monitoring Services:	$	$	$
Sprinkler Systems – Installation:	$	$	$
Sprinkler Systems – Service & Repair:	$	$	$
Other (please describe): _____	$	$	$
Total	**$**	**$**	**$**

Section III – Description of Operations (continued)

2. Does applicant sell any item other than those installed by their own company? ☐ Yes ☐ No

If YES, please list products: _____

Sales amount for these products: $ _____

3. Does the applicant install, service, repair and/or monitor in or for any of the following?
(Please check all that apply.) On a separate sheet, describe business activities for each box checked.

- ☐ Armored Cars
- ☐ Computer or High-tech Facilities, including governmental
- ☐ Detention, Penal and/or Correctional Facilities
- ☐ Elopement Control Systems – Tracking Bracelets
- ☐ Homeland Security Services (airports, nuclear facilities, military bases)
- ☐ Hospitals, Nursing Homes and/or Assisted Living Facilities
- ☐ Petrochemical Plants or Refineries of any type
- ☐ Off-shore Oil/Gas Rigs
- ☐ Facilities where explosives/chemicals are handled or stored
- ☐ Financial Institutions
- ☐ Industrial Processes
- ☐ Medical Alert – Stand-Alone/Pendants
- ☐ Response Services
- ☐ Power Plants
- ☐ Shoplifting
- ☐ Vehicle Installation
- ☐ Watercrafts and/or Aircrafts
- ☐ Other (describe): _____

4. Does the applicant design or manufacture any alarm components or equipment? ☐ Yes ☐ No

If YES, provide details:

5. Does the applicant sell anything under their own label? ☐ Yes ☐ No

If YES, provide details:

6. Does the applicant do any design work for others? ☐ Yes ☐ No

If YES, provide percent of operations:

7. Does the applicant design any system without installing? ☐ Yes ☐ No

If YES, provide percent of operations:

8. Does the applicant use PVC or CPVC piping? ☐ Yes ☐ No

If YES, what percentage?

9. Does the applicant do any retrofit and/or tenant improvement work? ☐ Yes ☐ No

If YES, describe the type of retrofit work, occupancy, number of stories and reason for retrofit, etc.?

10. Is pressure testing completed according to the manufacturer's specifications? ☐ Yes ☐ No

11. Is CPVC/PVC piping used in wet sprinkler systems only? ☐ Yes ☐ No

12. Contract with any Government entities (i.e., DOD, Federal, State or Local Government)? ☐ Yes ☐ No

If YES, provide details:

13. Does the applicant currently or has the applicant in the past five years done any installations for homeowner associations, condos or developers of tract housing? ☐ Yes ☐ No

Section IV – Liability Controls / Risk Transfer

1. Does the applicant have a formal safety & training program? ☐ Yes ☐ No
2. Do all systems carry a UL listing or Factory Mutual listing? ☐ Yes ☐ No
3. Are installers/service technicians licensed or certified? ☐ Yes ☐ No
4. Does the applicant strictly adhere to the manufacturer's cure times? ☐ Yes ☐ No
5. Are all installers properly certified by the applicable manufacturers? ☐ Yes ☐ No
6. Are pre-employment screenings conducted, including police/criminal background checks on all employees? ☐ Yes ☐ No
7. Who at the applicant's firm verifies, at job completion, that all work complies with NFPA standards?

   _____

8. Are records maintained on all service, repair and/or testing performed? ☐ Yes ☐ No

   How long are records retained: _____

9. Does the applicant have a formal safety & training program? ☐ Yes ☐ No
10. Does the applicant carry Errors & Omissions coverage? ☐ Yes ☐ No

    Limits Carried: $ _____

11. Do you use a standard contract with all clients for whom you perform installation, service or repair? ☐ Yes ☐ No
    a. If YES, does the contract include a liquidated damages clause? ☐ Yes ☐ No
    b. What liquidated damages amount do you specify in your standard contract? $ _____
    c. Do you ever agree to a higher liquidated damages amount? ☐ Yes ☐ No

       If YES, max allowed: $ _____

12. Does the applicant subcontract work? If YES, please complete the following: ☐ Yes ☐ No
    a. Does the applicant use a written contract with subcontractors? ☐ Yes ☐ No
    b. Are all subcontractors required to list you as an additional insured? ☐ Yes ☐ No
    c. Are all subcontractors required to sign a hold harmless/indemnification agreement in your favor? ☐ Yes ☐ No
    d. Are certificates of insurance obtained from all subcontractors? ☐ Yes ☐ No
    e. Are subcontractors required to carry general liability limits equal to or greater than insured? ☐ Yes ☐ No

Section V – Loss / Claim History Information

1. Does the applicant have any knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against any named in the application? ☐ Yes ☐ No

   If YES, please describe:

   _____

2. Have you ever been involved in any claims involving a construction defect in the past five (5) years? ☐ Yes ☐ No

   If YES, please describe:

   _____

3. Are there any claims or legal actions pending against any active, inactive or dissolved entities in which you have had a controlling interest? ☐ Yes ☐ No

   If YES, please describe:

   _____

4. Has the applicant ever been accused of breaching a contract in the past five (5) years? ☐ Yes ☐ No

   If YES, please describe:

   _____

5. Has the applicant been fired or replaced on a job in progress in the past three (3) years? ☐ Yes ☐ No

   If YES, please describe:

   _____

6. Has the applicant ever had a lapse in GL coverage? ☐ Yes ☐ No

   If YES, please describe:

   _____

Fraud Warning

Any person who, with intent to defraud or knowing that (s)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.

ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA: 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. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

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

DISTRICT OF COLUMBIA, KENTUCKY and 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by 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 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 personal or commercial 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 is considered a crime.

MAINE: 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 denial of insurance benefits.

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 the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE and 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 and/or denial of insurance benefits.

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare 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.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant:

Print Name: _____ Signature: _____

Title: _____ Date: _____

I hereby declare 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