ANSWERING SERVICES / ALARM MONITORING SERVICES SUPPLEMENT

IFG Companies

1. Please provide a percentage breakdown based upon gross revenue for the past twelve (12) months) of the type of work being performed. If Firm is newly established, please advise best estimate. Percentages must total 100%.

Telephone Answering Services (Non-Emergency)	%
Beeper Services	%
Emergency Response Services	XXXXXXXX
911 (Medical & Other Emergencies)	%
Fire Departments	%
Monitoring Alarms or Alarm Systems	%
Rape Hotlines	%
Poison Control Hotlines	%
Suicide Prevention Lifelines	%
Alcohol / Drug Abuse Lifelines	%
Other Emergency Response Services (Describe):	%
Other (Describe):	%

2. If involved in providing emergency response services, do you maintain a log of all emergency calls detailing the caller, date and time of call, and the time and location to and from which the emergency vehicles were dispatched? ---------- ❍ Yes ❍ No
   *If "**No**", please outline your emergency call procedures.* ❍ N/A

3. Do you manufacture, install, service or repair beepers, alarm systems or other notification devices? -- ❍ Yes ❍ No
   *If "**Yes**", please provide details.*

4. Do you provide any answering or monitoring services or act as a check-in point for any security guard services? ---------- ❍ Yes ❍ No
   *If "**Yes**", please provide details.*

NOTICE

Applicant understands the information submitted herein becomes a part of the Applicant's Professional Liability Insurance Application or Renewal Application and is subject to the same representations and conditions.

Must be signed and dated by a principal, partner or owner as duly authorized on behalf of the Applicant.

Signature of Principal, Partner or Owner Title Date