

## **ALARM INSTALLERS SUPPLEMENT**

(Include Acord Application)

App	olicant/Named Insured:				
	Mailing Address:				
	Location Address:				
	Website Address:	Phone:	Fax:		
	Policy Number:				
1.	How long in business under this name?	in business under this name? Years of experience in this field:			
2.	Applicant is:	ation			
3.	Is applicant properly licensed where required by law?  If yes, License #		☐ Yes	☐ No	
4.	Does applicant carry Workers' Compensation coverage?		☐ Yes	☐ No	
5.	Does applicant lease employees from others?		☐ Yes	☐ No	
	If yes, provide payroll:				
6.	Does applicant do any manufacturing?		☐ Yes	☐ No	
	If yes, provide details:				
_					
7.	Does applicant import any foreign products?  If yes, provide details:		∐ Yes	∐ No	
	II yes, provide details.				
8.	Is applicant's liability limited to a stated amount in their alarm con-	tracts?	☐ Yes	☐ No	
	If yes, provide amount:				
9.	Does applicant subcontract work to others?		☐ Yes	☐ No	
	If yes, are certificates of insurance required?		☐ Yes	☐ No	
	Provide Limit required:				
10.	Does applicant require subcontractors to name them as Additional	al Insureds?	☐ Yes	☐ No	
11.	List subcontractors' trades used with cost and percentage of open	ations:			
	<u>Trade</u>	Cost	<u>%</u>		
	· -				
12.	Is there any wet sprinkler installation, service or repair?		☐ Yes	☐ No	

AL 15 06 05 10 Page 1 of 2

13. Provide Total Receipts:			
List % of Receipts by Description	of Work and list % of	Operations by Work Location:	
<b>Description of Work</b>	% of Receipts	Work Location	% of Operations
Burglar Alarm Installation		Work at Schools	
Fire Alarm Installation		Work at Hospitals/Nursing Hor	mes
Alarm Monitoring		Work at Penal Institutions	
Medical Alarm Monitoring Other		Work at Mercantile Business	
		Work at Residences/Offices	
Other		Other	
	= 100%		= 100%
	Γ CO & NY): sents a false or fraud	he Company to policy issuance.  ulent claim for payment of a los ce may be guilty of a crime and r	
for the purpose of defrauding or denial of insurance and civil dam provides false, incomplete, or many defrauding or attempting to defra	de false, incomplete, of attempting to defraud lages. Any insurance nisleading facts or inf aud the policyholder o	r misleading facts or information the company. Penalties may incompany or agent of an insurance ormation to a policyholder or clair claiming with regard to a settlen Division of Insurance within the l	clude imprisonment, fines, a company who knowingly aimant for the purpose of nent or award payable for
for insurance or statement of cl misleading, information concerning	with intent to defraud a aim containing any m ng any fact material th	any insurance company or other paterially false information, or conereto, commits a fraudulent insural five thousand dollars and the st	nceals for the purpose of ance act, which is a crime,
Applicant Name	Applicant Sign	ature Dat	re
Producer Name	Producer Sign	ature Dat	ie

AL 15 06 05 10 Page 2 of 2