

ALARM INSTALLERS SUPPLEMENT

(Include Acord Application)

Applicant/Named Insured: _____
 Mailing Address: _____
 Location Address: _____
 Website Address: _____ Phone: _____ Fax: _____
 Policy Number: _____

1. How long in business under this name? _____ Years of experience in this field: _____
2. Applicant is: Individual Partnership Corporation Other
3. Is applicant properly licensed where required by law? Yes No
 If yes, License # _____
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? Yes No
 If yes, provide details: _____

8. Is applicant's liability limited to a stated amount in their alarm contracts? 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 Insureds? Yes No
11. List subcontractors' trades used with cost and percentage of operations:

<u>Trade</u>	<u>Cost</u>	<u>%</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
12. Is there any wet sprinkler installation, service or repair? Yes No

13. Provide Total Receipts: _____

List % of Receipts by Description of Work and list % of Operations by Work Location:

<u>Description of Work</u>	<u>% of Receipts</u>	<u>Work Location</u>	<u>% of Operations</u>
Burglar Alarm Installation	_____	Work at Schools	_____
Fire Alarm Installation	_____	Work at Hospitals/Nursing Homes	_____
Alarm Monitoring	_____	Work at Penal Institutions	_____
Medical Alarm Monitoring	_____	Work at Mercantile Business	_____
Other _____	_____	Work at Residences/Offices	_____
Other _____	_____	Other _____	_____
	= 100%		= 100%

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

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 or confinement in prison.

NOTICE TO COLORADO APPLICANTS:

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 claiming 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.

NOTICE TO NEW YORK APPLICANTS:

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.

Applicant Name Applicant Signature Date

Producer Name Producer Signature Date