

Burglar & Fire Alarm, and Telecommunications General Liability

Application Instructions:

1. Please type or complete the application in ink.
2. If additional space is needed, please use your firm's letterhead.

Applicant Information

1. Applicant Company Name: _____ DBA: _____
2. Address 1: _____
Address 2: _____
3. City: _____ State: _____ Zip Code: _____
4. Effective Date: ____/____/____
MM DD YR
5. Expiration Date: ____/____/____
MM DD YR

Operations

1. Has the applicant been in business less than 3 years? Yes No
2. Has the applicant declared bankruptcy within the past three years? Yes No
3. Does the applicant do any fire Suppression System installation, monitoring, service or repair? Yes No
4. Does the applicant do any manufacturing? Yes No
5. Is the applicant an internet service provider? Yes No
6. Does the applicant use security guards or "armed runners"? Yes No
7. Is the applicant a cable programmer or operator who provides content? Yes No
8. Does the applicant do any medical monitoring? Yes No
9. Does the applicant do new construction of multi unit residential facilities such as condominiums, duplexes, triplexes, and townhouses? (Not including apartment buildings.) Yes No
10. Does the applicant do new construction of residential housing developments of 10 homes or more? Yes No
11. Does the applicant do any work in New York City including the 5 boroughs (Bronx, Brooklyn, Manhattan, Queens and Richmond / Staten Island)? Yes No
12. Does the applicant do work elsewhere in New York State? Yes No
13. If 'yes', to working in New York what is your worker's compensation experience mod? % _____
14. Does the applicant use standard contracts on every job? Yes No
15. Do your operations include Alarm installation? Yes No
16. If 'yes', please enter Limits of Liability Clause (Liquidated Damages) contained in the contract: _____
17. Are products used UL or Factory Mutual approved? Yes No

18. Does the applicant do any design or consulting work beyond maps, shop drawings, opinions, reports, surveys, field orders, change orders, or drawings and specification in connection with construction work performed by the applicant or on applicant's behalf? Yes No
19. What percentage of Applicant's operations is subcontracted (does not apply to monitoring)? % _____
20. Does applicant receive Certificates of Insurance from the subcontractors(s) naming the Applicant as an Additional Insured? Yes No
21. Has the applicant reported any General or Professional Liability claim in the past 3 years? Yes No
22. Has the applicant reported any General or Professional Liability claim in the past 5 years? Yes No

Additional Operations

1. Estimated Total Current Annual Receipts: \$ _____
2. Is the monitoring handled by a sub-contractor or direct?
 Sub-contractor Direct Both No Monitoring

Policy Limits

1. Limits of Liability: _____
Deductible: _____

Coverages & Endorsements

1. Per Project Aggregate: Yes No
2. Employee Benefits Liability: Yes No
3. Waiver of Subrogation: Yes No
4. Additional Insured CG 20 10 11 85: Yes No
If 'YES', please provide the name of person or organization: _____
5. Additional Insured CG 20 10 11 85 with primary wording: Yes No
If 'YES', please provide the name of person or organization: _____
6. Additional Insured CG 20 10 10 93 with primary wording: Yes No
If 'YES', please provide the name of person or organization: _____

*Note: If Waiver of Subrogation coverage has been selected, the premium that is shown on the Waiver of Subrogation form, CG 24 04 10 93, is an annualized premium not including any applicable factors.

*Please Note: Terrorism Coverage is provided on ALL of our policies.

Application Information

1. Contact Name: _____
2. Phone: _____
3. Email: _____
4. Website: _____
5. Description of Operation: _____

6. Type of Business (Individual, Corporation, Partnership, LLC, Other): _____

7. FEIN Number: _____

8. Who is filing the surplus lines taxes? _____

License Number: _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Operations

1. Does applicant sell under his/her own label? Yes No

If 'YES', please explain:

2. How many direct monitoring clients does applicant have? _____

3. How many sub-contracted monitoring clients does applicant have? _____

4. Is coverage being requested for communication towers? Yes No

If 'YES', please provide number of Towers: _____

5. Total Value of Towers: _____

6. Indicate the scope of operations (should equal 100%)

	Installation, Service & Repair	Monitoring By You
Burglar Alarm	_____	_____
Fire Alarm	_____	_____
Fire Suppression	_____	_____
Water Flow	_____	_____
Phone Networks	_____	_____
Internet Connections	_____	_____
Wireless Communications	_____	_____
Cable Connections	_____	_____
CCTV	_____	_____
Two Way DVT	_____	_____
Other	_____	_____

7. Indicate the percentages of work performed (should equal 100%)

Airports	_____
Apartments	_____
Commercial	_____
Condos / Townhouses	_____
Custom Homes (non Tract)	_____

Hospitals / Healthcare _____
 Jails / Justice _____
 Manufacturing / Industrial _____
 Tract (Over 10 Homes) _____
 Other _____

8. Total Number of employees: _____

9. Does your firm have a written job safety program? Yes No

10. Current Annual Receipts: _____

1st Prior Annual Receipts: _____

2nd Prior Annual Receipts: _____

11. If applicant's upcoming receipts are greater than \$3,000,000, please list the five largest clients for the applicants company in the last five years:

Client	Approximate Revenue
_____	_____
_____	_____
_____	_____
_____	_____

Claims History

1. In the past five years, has any professional Liability claim or suit been made against the Applicant or Predecessor firms? Yes No

If 'YES', please provide claim/suit information: _____

Policy History

1. If this is a renewing Lexington policy, please enter expiring policy number: _____

2. Insurance History:

Expiring Carrier: _____

Effective Date: _____

Expiring Limits: _____

Expiring Deductible: _____

Expiring Premium: _____

IMPORTANT NOTICE

IN GRANTING COVERAGE TO ANY OF THE INSURED, THE INSURER HAS RELIED UPON THE DECLARATIONS AND STATEMENTS IN THIS APPLICATION FOR COVERAGE. ALL SUCH DECLARATIONS AND STATEMENTS ARE THE BASIS OF COVERAGE AND SHALL BE CONSIDERED INCORPORATED IN AND CONSTITUTING PART OF THE POLICY SHOULD ONE BE ISSUED.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY SUBMITTED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT AND SHOULD A POLICY BE ISSUED, IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

THE UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, SHOULD A POLICY BE ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENT TO BIND THIS INSURANCE.

IF AND WHEN A POLICY IS ISSUED, THIS APPLICATION IS ATTACHED TO AND MADE A PART OF THE POLICY, SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL. THE APPLICANT HEREBY ACKNOWLEDGES THAT HE/SHE IS AWARE THAT BY SIGNING BELOW WHERE INDICATED, THAT THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

NOTICE TO FLORIDA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."

PLEASE SIGN BELOW WHERE INDICATED.

Signature of Owner, Partner, Member, Principal, or Officer Authorized to Sign as Applicant

Applicant's Printed Name: _____

Title: _____ Date: _____

Producer Name: _____

License #: _____