



THE INSURANCE CENTER, LLC
Insurance targeted for your business.

3020 Washington Blvd.
Ogden, UT 84401
Toll Free: 877-422-2626
www.AlarmInsuranceCenter.com

Applicant's Name _____

Company Name _____ Federal ID No. _____

Mailing Address _____ Phone No. _____

Location _____

Website Address _____

Email Address _____

PROPOSED EFFECTIVE DATES: From: _____ To _____ 12:01 a.m., Standard Time at the address of the Applicant.

Applicant is: ___ Individual ___ Corporation ___ Partnership ___ Joint Venture ___ Limited Liability Company
___ Other (Specify) _____

How did you hear about the Insurance Center? _____

ANSWER ALL QUESTIONS - IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE

LIMITS OF LIABILITY REQUESTED

PREMIUMS

General Aggregate	\$2,000,000	Premises/Operations
Products & Completed Operations Aggregate	\$2,000,000	\$
Personal & Advertising Injury	\$1,000,000	Products/Completed Operations
Each Occurrence	\$1,000,000	\$
Fire Damage (any one fire)	\$100,000	Other
Medical Expenses (any one person)	\$5,000	\$
Other Coverages, Restrictions, and/or Endorsements E&O		Total
Deductible:	\$	\$

A. How long has applicant been in business? _____ yrs. Total number of employees: ____

B. Is applicant licensed? ____ yes ____ no

If no, explain: _____

Type of operation and annual sales:	Payroll	Sales
1. Burglar Alarms - Residential	\$	\$
2. Burglar Alarms - Commercial	\$	\$
3. Fire Alarms - Residential	\$	\$
4. Fire Alarms - Commercial	\$	\$
5. Alarm Monitoring operations (if any medical alarm monitoring, show separate sales for same)	\$	\$
6. Monitoring, installation, servicing or repair of emergency alert system or nurse call buttons. Describe: _____	\$	\$
7. PERS	\$	\$
8. Other	\$	\$
9. Does applicant have other business ventures for which coverage is not requested? If yes, explain and advise when insured:	\$	\$
10. Rental/Leasing of home care products/equipment to consumers _____ Rent to own of home care products/equipment to consumers _____ Drugstore/Pharmacy _____ Provider of in-home services _____	\$	\$
11. Cost of Subcontractors (including monitoring)	\$	\$

C. Does applicant do any manufacturing? ____ yes ____ no

Does applicant sell anything under own label? ____ yes ____ no

If the answer to either question is yes, please explain: _____

D. Does applicant sell any items other than items which are installed by applicant? ____ yes ____ no

Does applicant sell anything under own label? ____ yes ____ no

If the answer to either question is yes, please explain: _____

Does applicant sell any items other than items which are installed by applicant? ____yes ____no

If yes, provide listing of products sold: _____

Sale amount for these products? _____

E. Does applicant design work for others? ____ yes ____ no

If yes, percent of operation: _____%

F. Does applicant design systems without performing installation? ____ yes ____ no

If yes, percent of operation: _____%

G. Does applicant install alarms or phones in vehicles, mobile equipment, watercraft or aircraft? ___yes ___no

If yes, explain: _____

H. Does applicant install alarms in hospitals, nursing homes, transportation facilities, detention or correctional facilities? ___ yes ___no

If yes, provide details and sales amounts? _____

I. Does applicant install or monitor alarms at chemical, fertilizer or petrochemical facilities? ___yes ___ no

J. Does applicant install or monitor metal, chemical or explosive detection devices at transportation facilities, federal buildings, or post office mailrooms? ___yes ___no

K. Does applicant monitor for home incarceration or pretrial release? ___yes ___no

L. Does applicant have worker's compensation coverage in force? ___ yes ___no

M. Does applicant lease employees? ___ yes ___ no

N. Does applicant have a training program? ___ yes ___ no

O. Do you buy or sell used equipment? ___ yes ___ no

If yes, percentage of total operation: _____%

If yes, do you recondition/repair, prior to resale? ___ yes ___no

Do you sell "as is"? ___ yes ___no

Do you deliver equipment? ___ yes ___no

If yes, how often: _____

P. Do you do any construction or installation? ___ yes ___ no

If yes, explain: _____

Does Applicant subcontract work to others

A. Does applicant subcontract work to others? (including monitoring) ___ yes ___no

B. Are certificates of insurance obtained from ALL subcontractors? ___yes ___no

C. Please attach any descriptive or advertising literature; copy usual performance contract with client; and any hold harmless agreements executed in favor of client.

D. Does applicant limit his liability to a standard dollar amount (liquidated damages) on alarm contract with clients? ___yes ___no

If yes, what is the maximum limit allowed? _____

What percentage of contracts waive the liquidation damaged clause _____%

E. During the past three years has any company ever canceled, declined or refused to issue similar insurance to the applicant? ___ yes ___no

If yes, explain: _____

F. Any repair or installation operations subcontracted? ___yes ___ no

If yes, do you obtain Hold Harmless Agreements from your subcontractors? ___ yes ___no

Minimum limits required of subcontractors: _____

- G. Is equipment maintenance performed and documented according to manufacturers' guidelines? ___yes ___ no
- H. Are customers given any applicable Material Data Safety Sheets prepared by equipment manufacturer? ___yes ___no
- I. What are the procedures for reporting any malfunctioning devices to the Federal Drug Administration?

- J. Sales, rental or leasing of any of the following equipment or machines (indicate by x)
___ Apnea monitors ___ PERS ___ PERS GPS ___ Audiometers ___ GPS GSM
- K. Do you directly import any foreign manufactured goods or equipment? ___ yes ___no
- L. Are you a member of any industrial associations? ___ yes ___ no
- M. Any other business ventures for which coverage is not required? ___ yes ___no
If yes, explain and advise where insured: _____

Prior Carrier Information

	Year	Year	Year	Year	Year
Carrier					
Policy No.					
Coverage					
Occurrence or Claims Made					
Total Premium					

Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years.

_____ Check here if no losses in the last five years.

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (open/closed)

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.