

## **BURGLAR & FIRE ALARM, AND TELECOMMUNICATIONS GENERAL LIABILITY**

### **Application Instructions**

- A. Please type or complete the application in ink.
- B. If additional space is needed, please use your firms letterhead.

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### *Instant Indication*

## **A. Applicant Information**

1. Applicant Company Name: \_\_\_\_\_  
DBA: \_\_\_\_\_
2. Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Effective Date: \_\_\_\_\_
5. Expiration Date: \_\_\_\_\_

## **B. 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

### **C. Additional Operations**

1. Estimated Total Current Annual Receipts: \$ \_\_\_\_\_
2. Is the monitoring handled by a sub-contractor or direct? *(Please circle one)*:  
Sub-contractor    Direct    Both    No Monitoring

## D. Policy Limits

1. Limits of Liability: \_\_\_\_\_

Deductible: \_\_\_\_\_

## E. 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

**A. Applicant 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: \_\_\_\_\_

**B. 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%)

	<i>Installation, Service &amp; Repair</i>	<i>Monitoring By You</i>
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:

<i>Client</i>	<i>Approximate Revenue</i>
_____	_____
_____	_____
_____	_____
_____	_____

### C. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### D. 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 ARKANSAS APPLICANTS:** "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 IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND 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 CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES."

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR

ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.”

**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.”

**NOTICE TO KENTUCKY APPLICANTS:** “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.”

**NOTICE TO LOUISIANA APPLICANTS:** “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 IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

**NOTICE TO MAINE APPLICANTS:** “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.”

**NOTICE TO MINNESOTA APPLICANTS:** “A PERSON WHO SUBMITS AN APPLICATION OR FILES CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.”

**NOTICE TO NEW JERSEY APPLICANTS:** “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

**NOTICE TO NEW MEXICO APPLICANTS:** “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 IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.”

**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, 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.”

**NOTICE TO OHIO APPLICANTS:** “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

**NOTICE TO OKLAHOMA APPLICANTS:** "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY" (365:15-1-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**NOTICE TO TENNESSEE APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

**NOTICE TO VIRGINIA APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

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*PLEASE SIGN BELOW WHERE INDICATED.*

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

Applicant's Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Name: \_\_\_\_\_

License #: \_\_\_\_\_