

**ALARM INSTALLERS PROGRAM APPLICATION**  
**General Liability**

**APPLICANT INFORMATION**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email address \_\_\_\_\_

Policy Term: \_\_\_\_\_

Business Description: Individual Partnership Corporation Other \_\_\_\_\_

Limits Requested: Occurrence \_\_\_\_\_ Personal Injury/Advertising \_\_\_\_\_

General Aggregate \_\_\_\_\_ Medical Payments \_\_\_\_\_

Products/Comp Ops Aggregate \_\_\_\_\_ Fire Legal \_\_\_\_\_

Installers Errors & Omissions Coverage \_\_\_\_\_

Estimated annual payroll \$ \_\_\_\_\_ Estimated annual receipts \$ \_\_\_\_\_

Years in business \_\_\_\_\_ Average number of employees \_\_\_\_\_

Years experience \_\_\_\_\_ Percentage use of part-time employees \_\_\_\_\_ %

Percentage use of subcontractors \_\_\_\_\_ %

(Note: Subcontractors must provide certificates of general liability and workers' compensation insurance)

Describe applicant's operations (all operations must be eligible in order to qualify for this program) \_\_\_\_\_

Alarm Installation Service, Repair \_\_\_\_\_ % Residential \_\_\_\_\_ % Commercial \_\_\_\_\_ % Other \_\_\_\_\_ %

Of total "residential" work, how much work is done in new tract housing under construction? \_\_\_\_\_ %

Largest job (sales) \$ \_\_\_\_\_ Typical job (sales) \$ \_\_\_\_\_

Any security consulting? \_\_\_\_\_

Any monitoring of alarm systems? \_\_\_\_\_

Any installing, servicing, repair of a) medical alert systems? \_\_\_\_\_

b) motor vehicle alarms? \_\_\_\_\_

**THREE YEAR LOSS EXPERIENCE**

Date

Losses (description and amounts paid and incurred)

_____	_____
_____	_____
_____	_____

Comments \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature & Date

\_\_\_\_\_  
Producer Name & Address

**NOTICE OF INSURANCE INFORMATION PRACTICES**

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.