



PRODUCER: _____ PHONE: _____ FAX: _____
APPLICANT NAME: _____ CONTACT: _____
CONTRACTOR'S LIC #: _____ PHONE: _____ YEARS IN BUSINESS: _____
ADDRESS: _____

DESCRIBE APPLICANT'S EXACT OPERATIONS: _____

TOTAL ANNUAL RECEIPTS: \$ _____

GROSS REVENUE RECEIVED FROM INSTALLATION & SERVICE: \$ _____ FROM MONITORING: \$ _____

ANNUAL SUB-CONTRACTING COSTS: YOUR INSTALLATION COST: \$ _____ YOUR MONITORING COST: \$ _____

NUMBER OF ACIVE OWNERS IN INSTALLATION: _____ NUMBER OF EMPLOYEES: FULL TIME: _____ PART TIME: _____

TOTAL ANNUAL PAYROLL FOR EMPLOYEES INVOLVED IN LABOR: (Not including clerical, sales or owners) \$ _____

BREAKDOWN OF INSTALLATION OPERATIONS: (EACH COLUMN MUST EQUAL 100%)

Table with 2 columns of installation types and their percentages. Includes categories like Commercial, Residential, Institutional, Other, Burglar & Fire Alarm Combined, Burglar Only, Fire Only, Medical Alert, and Total Must = 100%.

- ANY NEW-CONSTRUCTION (I.E. PREWIRE) IN RESIDENTIAL MULTI-UNIT DEVELOPMENTS OF 10 OR MORE?: [] YES [] NO

A. ARE PRODUCTS USED UL OR FACTORY MUTUAL APPROVED?: [] YES [] NO

B. NUMBER OF ACCOUNTS WHERE UL CERTIFICATES ARE REQUIRED: _____

C. DO YOU SELL OR MANUFACTURE UNDER YOUR OWN LABEL?: [] YES* [] NO

*(IF YES, PLEASE EXPLAIN UNDER SEPARATE ATTACHMENT.)

MONITORING OPERATIONS:

A. DIRECT MONITORING: _____ # OF CLIENTS SUB-CONTRACTED MONITORING: _____ # OF CLIENTS

NAME OF SUB-CONTRACTOR (MONITORING) CO.: _____

*(ENCLOSE A COPY OF YOUR STANDARD CONTRACT.)

B. IS ACCESS TO MONITORING AREA RESTRICTED & MONITORED?: [] YES* [] NO ARE FALSE ALARMS RECORDED?: [] YES [] NO

WHAT MEASURES DOES THE COMPANY TAKE TO REDUCE FALSE ALARMS?: _____

C. LOCAL: _____ % CENTRAL STATION: _____ %

NUMBER OF CENTRAL STATION SUBSCRIBERS: _____ a) RESIDENTIAL : _____ % b) COMMERCIAL: _____ %

LOSS HISTORY: HAVE THERE BEEN ANY CLAIMS IN PAST 5 YEARS? [] YES [] NO

(IF YES PLEASE ATTACH 5 YEARS LOSS HISTORY & DETAIL IN COMMENTS BELOW) CLAIM DATE(S): _____

LIQUIDATED DAMAGES CLAUSE: (REQUIRED)

DOES THE APPLICANT USE STANDARD CONTRACTS ON EVERY JOB?: [] YES [] NO

DO THE APPLICANT'S CONTRACTS CONTAIN A LIQUIDATED DAMAGES CLAUSE?: [] YES [] NO

PRESENT GENERAL LIABILITY COVERAGE:

CARRIER: _____ POLICY TERM: _____ PREMIUM: \$ _____

LIMITS: \$ _____ / OCCURRENCE: \$ _____ / AGGREGATE DEDUCTIBLE: \$ _____

IS PROFESSIONAL LIABILITY COVERAGE INCLUDED?: [] YES [] NO

COVERAGE DESIRED:

DEDUCTIBLE DESIRED:

[] \$ 1,000,000 / 1,000,000 [] \$ 1,000,000 / 2,000,000 [] \$ 1,000,000 / 5,000,000 [] \$ 500 [] \$ 1,000 [] \$ 2,500 [] \$ 5,000

COMMENTS: _____

APPLICANT / PRODUCER SIGNATURE: _____ DATE: _____