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SierraSpecialty

Alarm Installer Program Supplemental Application

Applicant's Name: _____

- 1 What are your expected gross receipts for the next 12 months? _____
- 2 Are nationwide criminal background checks performed on all prospective employees?..... Yes No
- 3 Do you, or will you, employ anyone who has been convicted of, or pled guilty to any felony or sexual offense?..... Yes No
- 4 Do you, or do others on your behalf, perform security consultant work other than offering advice on the location and placement of alarm components and lighting (If "Yes", indicate so and attach an explanation)..... Yes No
- 5 Do you design or manufacture any alarm components or equipment?..... Yes No
- 6 Do you, or does anyone on your behalf, perform any work or operations at any jail, prison, bank, nuclear power plant, airport, or military installation?..... Yes No
- 7 Do you perform any security operations (other than alarm monitoring, installation, service, or repair)?..... Yes No
- 8 Do you offer a hold harmless agreement to any of your clients?..... Yes No
- 9 Do you install, service, maintain, or monitor any personal medical alarms or medallions?..... Yes No
- 10 Are you aware of any losses, claims, or circumstances that may result in a claim, whether covered by insurance or not, and that have occurred or been reported within the past three years?..... Yes No
- 11 Do you, or do others on your behalf, provide alarm responders? (other than public police, fire and ambulance services)... Yes No
- 12 Do you use independent contractors? (If "yes", complete Question 13) Yes No
- 13 Do you use a standard contract with all independent contractors who perform work/services on your behalf?..... Yes No
 - 13a Are all independent contractors required by contract to hold you harmless and to indemnify you?..... Yes No
 - 13b Are all independent contractors required to carry commercial general liability insurance with limits equal to yours?..... Yes No
- 14 Do you use a standard contract with all clients for whom you perform alarm installation, service, repair, or monitoring?..... Yes No
 - 14a If "yes", does that contract include a liquidated damages clause?..... Yes No
 - 14b What liquidated damages amount do you specify in your standard contract?..... _____
 - 14c Do you ever agree to a higher liquidated damages amount?..... Yes No
 - 14d Does your standard contract contain a hold harmless clause in your favor?..... Yes No
- 15 Do you, or does anyone on your behalf, install any security device designed, intended, or likely to cause injury or pain to persons who come into contact with the device? Yes No
- 16 Do you or your employees perform alarm monitoring services? (If "Yes", complete 17-21, if "No", do not.) Yes No
- 17 Does your alarm monitoring equipment provide both audio and visual alerts to personnel each time an alarm is activated? Yes No
 - 17a If "yes", can the the audio and visual alert signals be disabled by alarm monitoring personnel? (question does not apply to re-setting the signals after an appropriate response by monitoring personnel)..... Yes No
- 18 Do you have at least two monitoring personnel on duty at all times?..... Yes No
- 19 Does your alarm monitoring equipment create and maintain a record of each time every alarm is armed, disarmed, activated, and re-set after an activation?..... Yes No
- 20 Do you perform alarm monitoring services on behalf of another alarm monitoring company?..... Yes No
 - 20a If "yes", are you required to name the firm as additional insured on your general liability policy?..... Yes No
- 21 Do you give each client the option to either have your monitoring personnel first call the police/fire department upon activation or to have your monitoring personnel first call the client upon activation?..... Yes No
 - 21a If "yes", do you require the client to make their selection in writing?..... Yes No

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

 Signature of Applicant (Owner, president, or CEO)

 Title

 Date

 Signature of Producing Agent

 Date

 Agent Name

 Agent Address