



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 | <input type="checkbox"/> | No <input type="checkbox"/> |
| 3 Do you, or will you, employ anyone who has been convicted of, or pled guilty to any felony or sexual offense?..... | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 Do you design or manufacture any alarm components or equipment?..... | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | No <input type="checkbox"/> |
| 7 Do you perform any security operations (other than alarm monitoring, installation, service, or repair)?..... | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| 8 Do you offer a hold harmless agreement to any of your clients?..... | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| 9 Do you install, service, maintain, or monitor any personal medical alarms or medallions?..... | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | No <input type="checkbox"/> |
| 11 Do you, or do others on your behalf, provide alarm responders? (other than public police, fire and ambulance services)... | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| 12 Do you use independent contractors? (If "yes", complete Question 13) | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| 13 Do you use a standard contract with all independent contractors who perform work/services on your behalf?..... | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| 13a Are all independent contractors required by contract to hold you harmless and to indemnify you?..... | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| 13b Are all independent contractors required to carry commercial general liability insurance with limits equal to yours?..... | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| 14 Do you use a standard contract with all clients for whom you perform alarm installation, service, repair, or monitoring?..... | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| 14a If "yes", does that contract include a liquidated damages clause?..... | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| 14b What liquidated damages amount do you specify in your standard contract?..... | | | |
| 14c Do you ever agree to a higher liquidated damages amount?..... | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| 14d Does your standard contract contain a hold harmless clause in your favor?..... | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | No <input type="checkbox"/> |
| 16 Do you or your employees perform alarm monitoring services? (If "Yes", complete 17-21, if "No", do not.) | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| 17 Does your alarm monitoring equipment provide both audio and visual alerts to personnel each time an alarm is activated? | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | No <input type="checkbox"/> |
| 18 Do you have at least two monitoring personnel on duty at all times?..... | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | No <input type="checkbox"/> |
| 20 Do you perform alarm monitoring services on behalf of another alarm monitoring company?..... | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| 20a If "yes", are you required to name the firm as additional insured on your general liability policy?..... | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | No <input type="checkbox"/> |
| 21a If "yes", do you require the client to make their selection in writing?..... | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |

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