



## Application Supplement for Answering Service / Alarm Monitoring

Please attach the following information:

1. Name of Applicant: \_\_\_\_\_

2. Indicate the percentage of gross receipts for the past 12 months from each activity:

(a) Telephone Answering (non-emergency) \_\_\_\_\_ %

(b) Beeper Service \_\_\_\_\_ %

(c) Emergency Response Services \_\_\_\_\_ %

    911 (medical and other emergencies) \_\_\_\_\_ %

    Alcohol / Drug Abuse Lifeline \_\_\_\_\_ %

    Fire Departments \_\_\_\_\_ %

    Monitoring Alarms or Alarm Systems \_\_\_\_\_ %

    Poison Control Hotline \_\_\_\_\_ %

    Rape Hotline \_\_\_\_\_ %

    Suicide Prevention Lifeline \_\_\_\_\_ %

(d) Other: \_\_\_\_\_ %

**TOTAL: 100 %**

3. Does the Applicant manufacture, install, service or repair beepers, alarm systems or other notification devices? .....  Yes  No

If yes, please provide full details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Does the Applicant provide any answering or monitoring services or act as a check-in point for any security guard service? .....  Yes  No

If yes, please provide full details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Does the Applicant maintain a log of all emergency calls, detailing the caller, date and time of call, the times and locations any emergency vehicle was dispatched? .....  Yes  No

If yes, please provide full details of the Applicant's emergency call procedure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Notice to Applicant**

This is a supplemental application and is subject to the same provisions concerning representation made in the general application originally submitted to obtain professional liability coverage.

I understand that the information submitted herein becomes a part of my Professional Liability Application and is subject to the same warranty and conditions. This Supplemental Application must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

\_\_\_\_\_  
Name of Owner, Partner or Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Owner, Partner or Principal

\_\_\_\_\_  
Date