

CATLIN SPECIALTY INSURANCE COMPANY



ALARM INSTALLERS APPLICATION

PART 1

Agency Name: _____ Date: _____

Mailing Address: _____

Proposed Policy Period: From _____ to _____

PART 2

Applicant's Name (First Named Insured and other Named Insureds. Complete name as it should appear on the policy, including Corp, Ltd., etc.): _____

Mailing Address: _____

(of First Named Insured) (No., Street, County, State, Zip Code)

Location Address: _____

(No., Street, County, State, Zip Code)

Applicant is: Individual Corporation Partnership Joint Venture Other: _____

Contact Person: _____ Title: _____

Phone Number: _____ Fax Number: _____

Date Established: _____ License Number: _____

City(ies)/State(s) of Operation: _____

COVERAGE

Limits of Insurance requested: (Each Occurrence/ General Aggregate)

300,000/300,000 500,000/500,000 1,000,000/1,000,000 Other _____

300,000/600,000 500,000/1,000,000 1,000,000/2,000,000

Deductible Options: (Select One) None \$500 \$1,000 Other: _____

OPERATIONS OF APPLICANT

	Payroll	Sales	Subcontractors Cost
1. Alarm Installation, Service and/or Repair	\$ _____	\$ _____	\$ _____
2. Medical Alert Systems Installation	_____	_____	_____
3. Alarm Monitoring	_____	_____	_____
4. Medical Alert Monitoring	_____	_____	_____
5. Fire Extinguisher Servicing, Refilling and/or Testing	_____	_____	_____
6. Fire Suppression and Automatic Sprinkler Installation, Service and/or Repair	_____	_____	_____
7. Closed Circuit TV Installation/Service (CCTV)	_____	_____	_____
8. Home Theater Installation/Service	_____	_____	_____
9. Smart Home Installation/Service	_____	_____	_____
10. Retail Sales of Equipment	_____	_____	_____
11. Sales: 1 st Year Prior: \$ _____ 2 nd Year Prior: \$ _____ 3 rd Year Prior: \$ _____			

12. Does the applicant subcontract work to others? Yes No

If Yes:

a. Are certificates of insurance required from subcontractors? Yes No

b. Are subcontractors' coverages and limits equal to or greater than the applicants? Yes N

c. What percent of work on a typical project is performed by:

(1) Your Employees _____ %

(2) Subcontractors under your supervision _____ %

OPERATIONS OF APPLICANT (Continued)

13. Does the applicant have workers' compensation coverage in force for all employees? Yes No
14. Does the applicant lease employees? Yes No
 If 'Yes', for what positions? _____
15. Applicant must use a contract that contains a limitation of damages provision (please provide copy).
 Is the liquidated damages clause ever waived? Yes No
 If 'Yes', please provide details: _____
16. Are UL listed, Factory Mutual, or an equivalent organization's approved products utilized? Yes No
17. Does the applicant obtain Factory Mutual and/or National Association of Fire Equipment and Distributors (NAFED) certification? Yes No
18. Does the applicant do any manufacturing? Yes No
19. Is there any sale of equipment under the applicant's own label? Yes No
20. Is there any sale or use of foreign products imported directed from a foreign manufacturer? Yes No
21. Are service personnel required to pass local, state or organizational exams to obtain certification or licensure? Yes No
22. Does the applicant install, service, repair and/or monitor in or for any of the following:
- a. Airports/NASA equipment facilities? Yes No
 - b. FAA towers/operations? Yes No
 - c. Buildings exceeding five (5) stories? Yes No
 - d. Detention, penal, and/or correctional facilities? Yes No
 - e. Hospitals and/or nursing homes? Yes No
 - f. Nuclear power plants of any type? Yes No
 - g. Off shore oil/gas rigs? Yes No
 - h. Petro-chemical plants/refineries? Yes No
 - i. Facilities where explosives/chemicals are handled or stored? Yes No
 - j. Computer or high tech facilities, including governmental? Yes No
 - k. Armband monitoring of any type and/or home arrest? Yes No

On a separate sheet, describe business activities for each 'Yes' response given for question 22.

23. Please describe the four largest projects undertaken by you in the past five years.

Description	Job Cost	Project Duration

24. Please describe the four largest projects planned for the upcoming year.

Description	Est. Job Cost	Est. Project Duration

PRIOR CARRIER INFORMATION

25. Prior Carrier Information for the Previous Three Years:

	Year:	Year:	Year:
Carrier Name			
Policy No.			
Policy Term			
Premium			

26. Loss History for the Previous Three Years (Enter 'None' below if no losses).

Date of Loss	Description of Loss	Date of Claim	Valuation Date	Amount Paid	Amount Reserved	Claim Status (Open/Closed)

27. Does the applicant have any knowledge concerning any incidents that have occurred prior to the date of this application which could give rise to a future claim? Yes No
 If 'Yes', please describe: _____

28. Has the applicant had any policy or coverage declined, canceled or non-renewed during the prior five (5) years? (Not applicable in Missouri) Yes No
 If 'Yes', please describe: _____

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

 Applicant's Signature Date Witness