

AIASS Alarm, Fire Extinguisher & Fire Protection Application

Applicant Information	
Business Name:	Contact:
Applicant	Contact Number
Mailing Address	Business Number:
City State Zip	Cellular Number:
Web-Site	Fax Number
Email	Year Started Business
Organization Type (Individual/Partnership/Corporation/LLC)	States Licensed In
Desired Policy Effective Date:	State License Number

Coverage Section

**Basic Liability Coverage (Aggregate is x 3) Limits:**  \$300,000  \$500,000  \$1,000,000

These limits are for Bodily Injury, Property Damage, Personal and Advertising Injury, and include intermediate contractual liability. Basic coverages also include \$50,000 Fire Damage Legal Liability and \$5,000 Medical Payments.

**Deductibles:**  None  \$500.  \$1,000.  \$2,500.  \$5,000.

Note: if no deductible option is indicated, no deductible will be applied.

Optional Coverage	Limits			
Umbrella Coverage	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$4,000,000	<input type="checkbox"/> \$5,000,000
Defense Fees for Alleged Assault & Battery	<input type="checkbox"/> None	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	
Employee Benefit Liability	<input type="checkbox"/> None	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000
Limited Liability for Theft	<input type="checkbox"/> None	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000
Hired and Non-Owned Auto	<input type="checkbox"/> Commercial Auto Policy	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000
Blanket Additional Insured * Attach list of holders	<input type="checkbox"/> 10 or less	<input type="checkbox"/> 10 to 20	<input type="checkbox"/> 20 to 30	<input type="checkbox"/> Over 30
Primary Additional Insured	<input type="checkbox"/> # _____	Attach Schedule		
Waiver of Rights	<input type="checkbox"/> # _____			
Additional Insured – Each	<input type="checkbox"/> # _____	Attach Schedule		

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<b>Description of Operations Section</b>		
<b>Operations</b>	<b>Payroll</b>	<b>Sales</b>
Burglar Alarms - Residential		
Burglar Alarms – Commercial		
Fire Alarms - Residential		
Fire Alarms – Commercial		
Alarms installed in vehicles, mobile equipment, watercraft or aircraft.		
Alarms installed in institutional facilities, hospitals, nursing homes, detention or correction facilities.		
Alarm monitoring operations (medical alarm monitoring show separate sales)		
Alarm monitoring, installation, servicing or repair of emergency medical alert systems or nurse call buttons.		
Fire Extinguisher		
Automatic Sprinkler Systems		
Inspection and/or Cleaning of automatic suppression and duct systems.		
Products sold which are not installed	N/A	
Alarm response – Unarmed		
Alarm response – Armed		

<p><b>Sub-Contractor Management Section if you hire subcontractors.</b></p> <p>Do you verify your subcontractors have general liability insurance? <span style="float: right;">( ) Yes ( ) No</span>  <b>(Note: Subs without insurance are treated as employees for premium calculation purposes.)</b></p> <p>Do all subcontractors have liability insurance limits equal to yours? <span style="float: right;">( ) Yes ( ) No</span>          Are you an additional insured on every subcontractor's liability policy? <span style="float: right;">( ) Yes ( ) No</span>  <b>(Note: Not being named as an additional insured will result in additional premium.)</b></p> <p>Do you have personal knowledge of this sub-contractor? <span style="float: right;">( ) Yes ( ) No</span>          If not, how did you qualify this sub-contractor to perform on your behalf.</p> <p>_____</p> <p>_____</p>	<p><b>[ ] No Sub-Contractors</b></p>
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**Operations Section**

- A. Does applicant do any manufacturing?  Yes  No  
Does application sell anything under own label?  Yes  No  
If the answer to either question is yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- B. Does applicant sell any items which are not installed by applicant?  Yes  No  
If yes, provide listing of products sold \_\_\_\_\_
- C. Does applicant do design work for others?  Yes  No  
If yes, % of operation \_\_\_\_\_ (Means alteration of packaged product to fit needs)
- D. Does applicant design systems without performing installation?  Yes  No  
If yes, % of operation \_\_\_\_\_
- E. Does applicant install alarms, phones or extinguishing systems in vehicles, mobile equipment, watercraft, or aircraft?  Yes  No  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- F. Does applicant install alarms or fire protection systems in institutional facilities such as hospitals, nursing homes, detention or correctional facilities?  Yes  No  
If yes, please provide detail \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- G. Does applicant check to ensure sprinkler system and alarms are on the proper circuit to avoid sprinkler leakage when installations or repairs are being completed?  Yes  No
- H. Does application install fire protection systems in refineries, nuclear power plants or facilities working with explosive materials or is applicant involved with any operations for offshore exposures including gas or oilrigs?  Yes  No

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**Employee Management Section if you have employees.**

[ ] **No Employees**

Pre-employment screening:

Background Check \_\_\_\_\_ Prior Employment Check \_\_\_\_\_ Check MVR \_\_\_\_\_  
 Drug Test \_\_\_\_\_ Verify Identity of person \_\_\_\_\_ Verify Firearm Certificate \_\_\_\_\_

For Current Employees:

Provide workers compensation on all your employees? ( ) Yes ( ) No  
 Maintain employment files on ALL employees? ( ) Yes ( ) No  
 ALL employees meet the federal, state and local license classification requirements? ( ) Yes ( ) No  
 Employment handbook for each employee with Written Disciplinary/  
 Termination policy? ( ) Yes ( ) No  
 Do you have a Written Accident Review Policy? ( ) Yes ( ) No  
 Employee turnover rate: % \_\_\_\_\_  
 How many employees quit or were fired last year? \_\_\_\_\_ How many did you hire last year? \_\_\_\_\_

If you answered No to any of the above Questions, would management implement a program within the first 30 Days of the effective date of this insurance? ( ) Yes ( ) No

**Safety Management:**

Do you have a Written Safety Program? ( ) Yes ( ) No  
 Safety Meetings are held?  Weekly  Monthly  Quarterly  
 Drug Testing Program in Place ( ) Yes ( ) No  
 Do you hire anyone with a criminal record? ( ) Yes ( ) No

If you answered No to any of the above Questions, would management implement a program within the first 30 Days of the effective date of this insurance? ( ) Yes ( ) No

**Prior Insurance Carrier & Loss Experience Section**

Please provide information on your liability insurance for past three years.

Company	Policy Dates	Premium	Losses

Prior claims or knowledge of a potential claim within the last three years? ( ) Yes ( ) No  
 If yes, please explain with dates, amount and description.

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Has any insurance carrier cancelled or declined to renew your coverage? ( ) Yes ( ) No  
If so, why? \_\_\_\_\_

**General Information:**

Associations or Groups you belong to: \_\_\_\_\_  
(Alliance Membership required [www.aiass.org](http://www.aiass.org) for Group Premium)

Have you ever operated an Alarm Company under another name? ( ) Yes ( ) No

If yes, what were the names and why a business name change? \_\_\_\_\_

Physical Location				
Address	City	State	Zip	County
Address	City	State	Zip	County
Address	City	State	Zip	County

**Bonding required:**

- Contractors License Permit Bond with a value of \$ \_\_\_\_\_
- Electrical License Permit Bond with a value of \$ \_\_\_\_\_
- Please attach a copy of each bond so we can determine proper execution. You will be contacted to complete the proper bonding application forms if we place your bonding.

**Please attach:**

- Any descriptive or advertising literature
- Copy of standard contract with client.
- Hold Harmless agreements
- Copy of monitoring contract
- What is the standard stated dollar amount (liquidated damages) shown on contract:  
\$ \_\_\_\_\_

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Please list your experience (attach resume if available) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The policy will be placed with a SURPLUS LINE MARKET which is not regulated by the State Insurance Guaranty Fund. In the event of the insolvency on the SURPLUS LINES insurer, losses will not be paid by the STATE INSURANCE GUARANTY FUND. The undersigned hereby acknowledges that InsuranceTek, Inc. has explained this to the applicant. InsuranceTek, Inc. will only place coverage with an Best "A" rated insurance carrier(s)

Any person who, with 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 is guilty of insurance fraud.

I understand and have the above statements.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Authorized Person)

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company use only

Date Received Application \_\_\_\_\_  
Interview performed \_\_\_\_\_  
Proposal Offered \_\_\_\_\_

Company Prior Approval [ ] Not required [ ] Required in file

General Agency: \_\_\_\_\_

SPL Agent: \_\_\_\_\_

Application/Binder Date sent to GA \_\_\_\_\_