



Electronic Monitoring Security Insurance

InsuranceTek Inc specializes in Electronic Monitoring Security. We understand how to provide a comprehensive insurance program for your industry across the United States. As you know, finding insurance coverage has been difficult and we are pleased to advise this insurance product has been designed for you!

General Liability with Occurrence Forms

General Aggregate	\$1,000,000
Products and Completed Operations Aggregate	\$1,000,000
Each Occurrence	\$1,000,000
* Bodily Injury	
* Property Damage	
Personal Injury	\$1,000,000
Advertising Injury	\$1,000,000
Professional E&O	\$1,000,000
Sexual Misconduct	\$1,000,000
Medical Expense - Any one person	\$1,000
Each Claim Deductible	\$2,500
Defense Costs are outside the policy limits	
Additional Insured - Contracts	
Additional Insured - Leased Property	

Includes

- Civil Rights Violations
- Professional Liability has not exclusion for Punitive Damages
- Assault & Battery

Options Coverages Available

- Employee Benefits
- Employment Practices Liability
- Employers Liability
- Higher Occurrence and/or Aggregate Limits
- Business Property
- Business auto
- Workers Compensation
- Bonding

Call our office for an application or find our application on our website.

Office 888-505-1555

[Vicki L Boser - Program Executive](mailto:Vicki.L.Boser@insurance-tek.com)

Fax 800-521-1528

Vicki@insurance-tek.com

Business Name			Contact Name		
Applicant Name (owner/officer/partner/managing member)			Primary Contact Number		
Mailing Address			Business Number		
City	State	Zip	Fax Number		
Email Address			Cell Number		
Website Address			FEIN		
Preferred Contact Method (Emailing is the preferred document delivery including policy)			Date Started Business		
Organization Type			Proposed Effective Date		
Individual	Partnership	Corporation	LLC	PLLC	LTD

Location Address - Cannot be a PO Box or PMB	City	State	Zip Code

Additional Insured or Loss Payee Name	City	State	Zip

Prior Insurance Company(s)	Policy Dates	Premium	Claims-made or Occurrence	Retro-Date If Any

Have you operated under another business name prior?

Yes

No

If yes please describe: _____

Do you have greater than fifty(50%) interest in this operations?

Yes

No

If yes please describe: _____

Claim Information

Have you had any incident whether reports or not or knowledge of a potential claim?

NONE

YES If Yes, please list dates and describe

Date:	Description	Paid Amount	Open or Closed

General Information

- | | | | | |
|----|--|-----|----|----------------------------|
| 1 | Do you utilize a 3rd party monitoring company? | YES | NO | If yes who: _____ |
| 2 | Do you perform in house RF monitoring? | YES | NO | |
| 3 | Do you provide transportation to any person being released to home detention? | YES | NO | If Yes, describe on page 4 |
| 4 | Do you provide on site drug testing? | YES | NO | If Yes, describe on page 4 |
| 5 | Has any insurance carrier cancelled or declined to renew your coverage | YES | NO | If Yes, describe on page 4 |
| 6 | Applicant currently involved in any bankruptcy or receivership actives? | YES | NO | If Yes, describe on page 4 |
| 7 | Been involved in any civil or criminal action or litigation in the last (5) years | YES | NO | If Yes, describe on page 4 |
| 8 | Do you sell or handle products outside or unrelated to this business? | YES | NO | If Yes, describe on page 4 |
| 9 | Do your contracts specify "as soon as possible" with regard to violation reporting? | YES | NO | If No, describe on page 4 |
| 10 | Do your contracts contain a Hold Harmless Agreement for the MFG Products? | YES | NO | If No, describe on page 4 |
| 11 | Do you have a written procedures in the case of an AWOL? | YES | NO | If No, describe on page 4 |
| 12 | Do you have a backup calling plan? | YES | NO | If No, describe on page 4 |
| 13 | Do you have a written incident management plan in place?
(Dealing with media, staff, victim(s), family(ies), authorities, and media?) | YES | NO | If No, describe on page 4 |
| 14 | Do you maintain records for at least three years? | YES | NO | If No, describe on page 4 |

Employees and Subcontractors Information

Subcontractor Hiring Practices

- 1) Do all subcontractors carry limits equal to yours GL/EO?
- 2) Obtain certificates naming your business as an additional insured?
- 3) Do you have a signed contracts with hold harmless in your favor?
- 4) Verify no filed claims within (3) years?

Yes	No	NA

No Subcontractors Hired

Employees Hiring Practices

- 1) Do you require background checks on new hires?
- 2) Prior Employment Check?
- 3) Do you verify driving abstract for new hires and annually thereafter?
- 4) Do you have drug testing procedures in place?
- 5) Do you have an employee handbook?
- 6) Workman's comp coverage in place for employees?
- 7) Do you have a training and probation period for new hires?

Yes	No	NA

No Employees Hired

Rating Information

Number of Active Owners	# _____	Number of Inactive Owners	# _____
Number of Office Employees	# _____	Office Payroll	\$ _____
Number of Field Employees	# _____	Field Payroll	\$ _____
Number of Insured Subcontractors	# _____	Contractors Cost	\$ _____
Number of Uninsured Subcontractors	# _____	Contractors Cost	\$ _____
Last 12 months gross receipts	\$ _____	Offenders are: Adult	<input type="checkbox"/> Juvenile <input type="checkbox"/>
Next 12 months projected receipts	\$ _____	Average Units per Month	_____

Liability Optional Coverage

Liability Increased \$ _____ Occurrence \$ _____ Aggregate

Standard Limits: \$1,000,000 per Occurrence GL/E&O and \$1,000,000 Aggregate subject to \$2,500 deductible

<input type="checkbox"/>	Employee Benefits		
<input type="checkbox"/>	Employment Practices Liability (Wrongful Hiring, Termination and Sexual Misconduct)		
<input type="checkbox"/>	Employers Liability - Stop Gap \$1,000,000 (ND, OH, WA, WV, WY States Only)		
<input type="checkbox"/>	Per Project Aggregate Endorsement		
<input type="checkbox"/>	Scheduled Additional Insured	# of Certificate Holders/Clients Requiring	_____
<input type="checkbox"/>	Leased Equipment - Additional Insured	# of Certificate Holders/Clients Requiring	_____
<input type="checkbox"/>	Landlord - Additional Insured	# of Certificate Holders/Clients Requiring	_____

Business Property Coverage (If elected)

Building Construction (Frame/Brick) _____ Apx Year Built _____ Square Footage _____

If over 25 years of age - any Roofing/Wiring/Plumbing/Heating updated: Year(s) Completed _____

Distance to a fire hydrant <100ft or >100ft _____ Distance to fire station <Five Miles > Five Miles _____

Security - Fire / Burg _____ Local / Central Station _____ Dead Bolt _____ Other: _____

Building Value - Replacement Cost	\$ _____
Business Property - Replacement Cost Value	\$ _____
Equipment on site to be leased out	\$ _____
Computer Replacement Cost Value	\$ _____
Business Extra Expense Limit	\$ _____

Deductible: \$500
Optional Deductible
\$1,000
\$2,500

General Information response if required from page 2

Describe in your words services performed and or notes for the application

Please describe your experience if less than three years, include owners resume or individual in charge of service.

Are you interested in other insurance?

<input type="checkbox"/>	Business Auto
<input type="checkbox"/>	Workers Compensation
<input type="checkbox"/>	Fidelity or Crime Coverage
<input type="checkbox"/>	Key Man Life Insurance (WA, OR)

Terms: Premium is subject to 25% minimum earned and the fees are fully earned. No flat cancellation is allowed therefore if bindings is ordered then the down payment is secured as ordered and will not be returned if cancelled within 3 months. If you cancel your first term of the policy placement, a cancellation fee of \$100.00 will be applied to any return premium by the agency. This policy is being placed with a SURPLUS LINES MARKET which is not regulated by the State Insurance Guaranty Fund. In the Event of the insolvency of 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 a Best "A" Rated or better insurance carriers).

The discovery of any fraud, intentional concealment, or misrepresentation of material fact will render this Policy, if issued, void at inception. Receipt and review of this application does not bind the underwriter to complete the insurance. It is agreed by the Applicant and us that the particulars and statements made in this application, together with all attachments to this application and other materials submitted to us (all of which attachments and materials shall be deemed attached to the Policy as if physically attached thereto) shall be the representations of the Applicant and the Insured's. It is further agreed by the Applicant and Insured's that this Policy, if issued, is issued in reliance upon the truth of such representations which are incorporated into and made part of this Policy. After inquiry of all prospective Insured's, the undersigned authorized officer of the Applicant represents that the statements set forth in the application and its attachments and other materials submitted to us are true and correct. Signing this application does not bind the Applicant or us. The undersigned further declares that any event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any information on this application, will immediately be reported in writing to us and we may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

I have read and understand the above statements.

Applicant's Signature _____ Title _____ Date _____
Applicants Authorized Signature (of Principal, Partner or President)

Producer Signature _____ Date _____

Please read and sign the bottom

RE: No Known Loss Letter

To Whom it May Concern;

This letter is to comply with the request for my prior claims history to date. For the last three years, there have been no known losses with respects to General Liability and/or Professional E&O Coverage. We have requested our report from the insurance company and have not had a response to our requests.

During the most recent three years, I/we represent, warrant, and affirm as a consideration of receiving General Liability and/or Professional E&O Insurance coverage that:

- 1) I/we have had no losses; and,
- 2) I/we have had no claims or notices of claims made against me/us; and,
- 3) I/we have not had similar general liability/professional coverage cancelled or Non-renewed by any insurer; and,
- 4) I/we have no knowledge of any pending claim, or reason to expect a claim or loss resulting from our business activities. These representations are given to induce the insurance company to provide General Liability and/or Professional E&O Coverage and are true and correct.

_____ There have been no claims or knowledge of any potencial claims.

_____ Exception (Explain fully): _____

Sincerely,

X _____
Sign here Dated

Business Name _____

Authorized Signer (Print Name) _____

Claims-Made Statement Release Form

Today's Date: _____

Name of Applicant/Business _____

InsuranceTek, Inc.
108 Union Street
PO Box 70
Snohomish WA 98291-0070
Phone 888-505-1555
Fax 800-521-1528

A claims-made policy will have a discovery period that is time restrictive and is outlined within the policy terms. If a claim is discovered outside of this claims-made period, the claim will not be covered. I understand I may have an option to obtain a quote from the prior agent to purchase this "tail" or extended discovery period.

I understand the new policy will be written on an occurrence form and will not provide protection for claims dated prior to this policy being effective. I may have an option to purchase claims-made E&O coverage to avoid a gap in coverage, if conditions are met. I can accept or reject the gap endorsement based on the proposal offered by InsuranceTek Inc.

This release form is to confirm InsuranceTek Inc has discussed the restrictions with the termination of a claims-made policy.

X _____

Date _____

Authorized Signer Print _____

This release form is required when converting from a claims-made policy to an occurrence policy. Should I fail to notify InsuranceTek Inc that prior coverage was in place and/or the insurance form was claims-made, I agree and understand that even without signature, InsuranceTek Inc will be held harmless.