



Salt Lake City Area Office
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800-257-5590 • Fax 877-452-6910

ALARM COMPANIES,
FIRE PROTECTION,
FIRE
EXTINGUISHING
SYSTEM
INSTALLATION,
SERVICE, & REPAIR

1. General Information

PROPOSED EFFECTIVE DATE: _____

Applicant's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Telephone Number: _____ Fax: _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____

Producer's Name: _____

Producer's E-mail: _____ Telephone Number: _____

Detailed description of business activities (specifically, and by location): _____

Is this a new business? Yes No If no, how many years have you been in business? _____

Applicant is: Individual Corporation Partnership Joint Venture

Other (please describe): _____

Annual Payroll: \$ _____

Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Telephone No.: _____

Fax: _____ Years with Company: _____

Employee's Responsibilities: _____

2. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim? Yes No

Completed Claims and Loss History form attached (REQUIRED)? Yes No

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?
 Yes No

If the standard markets are declining placement, please explain why: _____

3. Desired Insurance

Limit of Liability:

Per Accident/Aggregate

Per Person/Per Accident/Aggregate

- | | |
|---|---|
| <input type="radio"/> \$50,000 /\$100,000 | <input type="radio"/> \$25,000/\$50,000/\$100,000 |
| <input type="radio"/> \$150,000/\$300,000 | <input type="radio"/> \$75,000/\$150,000/\$300,000 |
| <input type="radio"/> \$250,000/\$1,000,000 | <input type="radio"/> \$100,000/\$250,000/\$1,000,000 |
| <input type="radio"/> \$500,000/\$1,000,000 | <input type="radio"/> \$250,000/\$500,000/\$1,000,000 |
| <input type="radio"/> Other: _____ | <input type="radio"/> Other: _____ |

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

4. Business Activities

1. Is applicant licensed? Yes No
 If No, explain: _____

2. Estimated annual: Payroll \$ _____ Sales \$ _____ Subcontractors \$ _____

3. Operations of applicant (show sales and payroll for each):

Operations	Payroll	Sales
Burglar alarms - residential	\$	\$
Burglar alarms – commercial	\$	\$
Fire alarms – residential	\$	\$
Fire alarms – commercial	\$	\$
Fire extinguisher	\$	\$
Automatic sprinkler systems	\$	\$
Inspection and/or cleaning of automatic suppression and duct systems	\$	\$
Alarm monitoring operations (if any medical alarm monitoring, show separate sales for same)	\$	\$
Monitoring, installation, servicing or repair of emergency medical alert systems or nurses call Describe: _____	\$	\$
OTHER: _____	\$	\$

4. Does applicant do any manufacturing? Yes No

5. Does applicant sell anything under own label? Yes No
 If the answer to either question above is yes, please explain: _____
-
6. Does applicant sell any items other than items which are installed by applicant? Yes No
 If yes, provide listing of products sold: _____
 Sales amount for these products? \$ _____
7. Does applicant do design work for others? Yes No
 If yes, % of operation: _____ %
8. Does applicant design systems without performing installation? Yes No
 If yes, % of operation: _____ %
9. Does applicant install alarms, phones, or extinguishing systems in vehicles, mobile equipment, watercraft, or aircraft? Yes No
 If yes, explain: _____
-
10. Does applicant install alarms or fire protection systems at institutional facilities such as hospitals, nursing homes, detention or correctional facilities? Yes No
 If yes, provide details and sales amount: _____
11. Does applicant perform any filling of oxygen tanks including scuba? Yes No
12. Does applicant 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/oil rigs? Yes No
13. Does applicant have Workers' Compensation coverage in force? Yes No
14. Does applicant lease employees? Yes No
15. Does applicant have a training program? Yes No
 If yes, describe: _____
-

16. How many years of experience? _____
- a. Total number of employees: _____ Full-time: _____ Part Time: _____
- b. Number of non-operational employees (salesmen, drivers, draftsmen, clerical): _____
- c. Total Annual Payroll from all business operations: \$ _____

Operations Payroll/Alarm Installation	\$	Office & Clerical	\$
Operations Payroll/Fire Protection Serv.	\$	Executive and Management	\$
Payroll – Other (all repair services)	\$	Outside Sales	\$
Supervisors	\$	Other:	\$

5. Business Operations Breakdown:

1. Identify percentage of your business operations:

Commercial Installations	%
Residential Installations – single family or twin home – not over two-story structure	%
Other Services	%
Other Contractor (carpentry, cement, fences, etc.)	%

2. Total combined annual Gross Receipts from all Business Operations: \$ _____

3. Estimate total gross receipts for the next 12 months:

	Commercial	Residential
From installation operations only – including materials	\$	\$
From Repair operations only – including material & repair services	\$	\$

4. Estimate total gross receipts, for the next 12 months:

From “all” business operations, Alarm and Fire Protection	\$
From new construction only contractor services	\$
From old construction operations only	\$

5. What percent of your total gross receipts is received from sub-contracted work you perform for other contractors? _____%

6. What percentage of work is replacement? _____%

7. Does your business:

- a. Perform renovations involving structural change to load-bearing walls? Yes No
- b. Perform external work above two stories? Yes No
- c. Lease or rent equipment to others? Yes No
If yes, what? _____
- d. Lease or rent equipment from others? Yes No
If yes, what? _____
- e. Distribute or sell (retail) building materials or supplies for installation by others? Yes No
If yes, show annual gross receipts fro distribution or sale? \$_____
- f. Do you hire sub-contractors? Yes No
If yes:
 - i. Do you require certification and evidence of liability insurance from sub-contractors? Yes No
 - ii. Do you require evidence of Workers' Compensation insurance from sub-contractors? Yes No
 - iii. Gross annual receipts from work sub-contracted out: \$_____
 - iv. Explain type of work you sub-contracted out: _____

8. Does the applicant deal exclusively with one manufacturer or offer many different types of security and fire alarm systems and equipment? One Many
If many, how many: _____

9. Are service personnel required to pass local or state examinations to obtain certification? Yes No

10. Have personnel installing fire alarm systems obtained voluntary certification from NAFED? Yes No

11. How many customers typically are visited daily by installation and service technicians? # _____

12. What is the radius of operations? _____ Miles

13. What is the frequency of service calls made to respond to alarm conditions at customers' sites?
_____ daily

14. Does the applicant employ professional consultants or design engineers to design systems, especially for a particular occupancy and its hazards? Yes No

15. Are detailed records kept of the equipment installed at customers; sites, including information on the types of services performed there? Yes No

16. Are copies of inspection reports sent to any Local or state agencies or authorities? Yes N
17. How frequently does the applicant act as a subcontractor in a large construction project? _____
18. What are the average and maximum numbers of visitors to the applicant's premises? # _____
19. Are prospective employees screened thoroughly, and are references checked? Yes No
20. If the applicant repairs or services clients' security and fire alarm equipment at the dealership, what are the average and maximum values of clients' property in the applicant's care, custody and control?
 Average: \$ _____ Maximum: \$ _____

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____ Dated: _____

Applicant: _____ Agent/Broker: _____

Signature Signature

Print Name Print Name