

**SEND SUBMISSIONS TO:**

**MICHIGAN**

(248) 358-4010 Telephone  
(248) 358-2459 Fax  
coverxuw@coverx.com Underwriting Email

Producer: \_\_\_\_\_

Producer Is:  Wholesaler  Retailer

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

If Renewal, Provide Current Policy No.: \_\_\_\_\_

**ALARM OPERATIONS GENERAL LIABILITY APPLICATION**

1. Applicant: \_\_\_\_\_

2. Street Address: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Additional Locations (if any):

a. \_\_\_\_\_

b. \_\_\_\_\_

c. If additional space is necessary, please provide additional worksheet.

3. Web-Site Address: \_\_\_\_\_

4. Name of contact person for inspection/audit: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

5. Applicant is:  Individual  Corporation  Partnership  Other (Describe): \_\_\_\_\_

6. Limits: \_\_\_\_\_ Each Occurrence/Aggregate Deductible: \_\_\_\_\_

7. How long has Applicant owned this business? \_\_\_\_\_

8. How many years experience does Applicant have in this field? \_\_\_\_\_

9. Is Applicant involved in any other operations?  Yes  No If Yes, please describe: \_\_\_\_\_

10. Provide the names of Applicant's five largest clients and a description of your duties for them:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

11. Does Applicant have a written safety/loss control program in place?  Yes  No

12. Does Applicant perform any design work for a fee (not associated with your installation)?  Yes  No

If Yes, fully describe: \_\_\_\_\_

\_\_\_\_\_

13. **Claim/Loss History:** Attach five (5) years currently valued loss runs with application. Verified loss runs required to bind.

14. **Expiring Policy Information:**

Carrier	Policy Period (month/day/year)	Limits	Premium	Receipts or Payroll	Deductible
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15. Has any carrier cancelled or refused to renew?  Yes  No If Yes, please describe: \_\_\_\_\_

16. **ALARM COMPANY OPERATIONS – PROVIDE BREAKDOWN OF APPLICABLE OPERATIONS:**

<u>Client Base:</u>	New Construction	Rehab / Retrofit Service / Repair
Commercial	_____ %	_____ %
Industrial	_____ %	_____ %
Institutional	_____ %	_____ %
A. Medical / Penal	_____ %	_____ %
B. Schools / Colleges	_____ %	_____ %
Apartments	_____ %	_____ %
Single Family / Tract Housing	_____ %	_____ %
Condos	_____ %	_____ %
Custom Homes	_____ %	_____ %
<b>SUB-TOTAL:</b>	_____ %	_____ %

**= 100% TOTAL**

17. **GROSS RECEIPTS BREAKDOWN BY ALARM & RELATED OPERATIONS:**

	<u>Receipts Breakdown:</u>	
	Sales / Installation Service / Repair	Monitoring
Fire / Smoke / Heat Detection	\$ _____	\$ _____
Burglary (Perimeter / Internal / Motion Detector)	\$ _____	\$ _____
PERS / Panic Button Describe: _____	\$ _____	\$ _____
Medical Emergency Pendants Describe: _____	\$ _____	\$ _____
Medication Reminder Service	\$ _____	\$ _____
Carbon Monoxide Detection	\$ _____	\$ _____
Utility Monitors (HVAC / Water / Gas)	\$ _____	\$ _____
Water Flow on Sprinkler System	\$ _____	\$ _____
Temperature Control	\$ _____	\$ _____
Closed Circuit TV	\$ _____	
Central Vacuum / Home Theater / Intercom	\$ _____	
Interior Tele-Com / Network	\$ _____	
Access Control / Card Key Entry	\$ _____	
Preconstruction Wiring / Conduit	\$ _____	
Other Describe: _____		
Other Describe: _____		
<b>SUB-TOTAL:</b>	<b>\$ _____</b>	<b>TOTAL: \$ _____</b>

18. Total Projected Annual Payroll: \$ \_\_\_\_\_ (excluding Admin., Sales, Clerical)

19. Percent of customers under **YOUR** standard monitoring contract: \_\_\_\_\_ %  
 Percent of customers under modified monitoring contracts or contracts of others: \_\_\_\_\_ %

**PLEASE ATTACH COPY OF YOUR STANDARD CUSTOMER CONTRACT OR PURCHASE ORDER.**

20. Monitoring Provider:  Applicant  Other Who: \_\_\_\_\_
21. Written contract with Monitoring Provider?  Yes  No
22. Total projected sub costs for monitoring: \$ \_\_\_\_\_

**23. SECURITY RESPONSE**

Does Applicant provide security/patrol response to their customers if and when local Police/Fire/EMTs do not respond?  Yes  No

If Yes, are the responders employees, or are they hired/contracted for this service? \_\_\_\_\_

If responders are not employees, does Applicant have a written contract with the security company that provides the response?  Yes  No

If Yes, provide a copy of contract.

Do any employees or subcontractors providing security response carry firearms?  Yes  No

24. Do you use any subcontractors (other than for monitoring)?  Yes  No

A. What kind of work is subcontracted? \_\_\_\_\_

B. Total Projected costs: \_\_\_\_\_

25. Does Applicant perform any work at facilities where explosives are handled or stored or at nuclear power plants?  Yes  No

If Yes, describe: \_\_\_\_\_

State Notices: The following notices are required by the Insurance Department of the indicated states.

**WARNING:** Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO ARIZONA APPLICANTS:** For your protection Arizona law requires the following statement to appear on this form. "Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.



**NOTICE:**

- 1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED “NONADMITTED” OR “SURPLUS LINE” INSURERS.**
- 2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.**
- 3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
- 4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE:[www.insurance.ca.gov](http://www.insurance.ca.gov).**
- 5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR “SURPLUS LINE” BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.**
- 6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER’S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.**

Date: \_\_\_\_\_  
Insured: \_\_\_\_\_