

Alarm Installation & Monitoring Application***

***Liquidated damages clause (limit of liability) is required for our program. Before proceeding with application, please make sure insured's contract contains this clause.

General Info (Complete For All Lines)

1. Name _____
 (Complete name as it should appear on the policy including Inc., Corp., Ltd., Etc.)

2. Physical Address _____
 No. Street City County State Zip Code

3. Mailing Address _____
 No. Street City County State Zip Code

4. Insured's Email Address _____

5. Inspection Contact _____ Phone () _____
 Audit Contact _____ Phone () _____
 Claims Contact _____ Phone () _____

6. Telephone () _____ Fax () _____

7. Website _____ FEIN _____

8. Date established _____ License No. _____ €Sole Proprietor € Partnership
 €Corporation €Other

9. Policy proposed effective date _____ to _____

10. Current coverage expires/expired on _____

11. Check limit of liability desired: \$300,000 \$500,000 \$1,000,000 €Other _____

12. Deductible: \$1,000 \$2,500 \$5,000 Other _____

13. Applicant Classification: _____% Security Service _____% Investigations
 _____% Alarm Service and Monitoring _____% Consulting

14. Estimated annual a. Sales \$ _____ b. Payroll \$ _____

15. Operations of applicant (show sales for each – total shown should equal sales in question 14a)

A	Burglar & fire alarm installation – residential	A	\$
B	Burglar & fire alarm installation – commercial	B	\$
C	Burglar & fire alarm monitoring operations	C	\$
D	Medical emergency/ Nurse Call systems installation & monitoring	D	\$
E	Home detention or penal/correctional/prisons/jail systems installation & monitoring	E	\$
F	C.C.T.V. installation/ service/ repair	F	\$
G	Access control/ card entry systems	G	\$
H	Retail sales of equipment	H	\$
I	Fire extinguisher servicing/ installation/ testing/ repair	I	\$
J	Automatic sprinkler systems servicing/ installation/ testing/ repair	J	\$
K	Other – Describe: _____	K	\$

16. Does the insured install/service and/or repair alarms aboard aircrafts, automobiles, mobile equipment, boats and yachts? €Yes €No
 If yes, please describe _____

17. Is the monitoring subcontracted out or handled by a third party? €Yes €No
 a. If yes, what is the amount? _____
18. Is there any other work subcontracted out? €Yes €No
 a. If yes, what is the cost _____
19. Does the applicant do any manufacturing? €Yes €No
20. Does the applicant sell anything under its own label? €Yes €No
21. If the answer to question 17 and/or 18 is yes, please explain _____

22. Are certificates of insurance obtained from ALL subcontractors? €Yes €No
23. Is named insured added as an additional insured on subcontractor's policy? €Yes €No
24. Does the applicant have his own contract? €Yes €No
 a. If yes, please attach **copy of usual performance contract with client**
 b. If no, whose contract is signed at installation? _____
25. Does the applicant limit his liability to a stated dollar amount (liquidated damages on his standard alarm contract with his client)? €Yes €No
 a. If yes, what is maximum limit allowed? _____
 b. **Please attach copy of contract**
26. Does the contract offer the option to buy back coverage? €Yes €No
 a. If yes, what is maximum limit allowed? _____
 b. And, what percentage (%) of the contracts have higher liquidated damage limits? _____
27. Total number of subscribers:
 a. including central station subscribers _____
 b. including central station subscribers under contract _____
28. Do you respond to your alarms? €Yes €No
 If yes, are response runners armed? €Yes No
29. Will you service a system that you did not install? €Yes €No
30. What specific warranties do you give on an outright sale? _____

31. Total number of employees: _____ Full-Time
 _____ Part-Time
32. Does the applicant have a training program? € Yes €No
 If yes, please describe _____

33. Describe screening procedures for prospective employees: _____

34. Does the applicant lease employees? € Yes €No

Additional Coverages

CHECK ALL THAT APPLY

Additional Insureds _____ Individual _____ Blanket
 Waiver of Subrogation _____ Individual _____ Blanket
 Primary Wording _____ Individual _____ Blanket
 Per Project Aggregate _____ Employee Benefits Liability _____
 Stop Gap _____ Hired/Non-owned Auto _____

Current General Liability Information

1. Please provide name of carriers, premiums paid, limits, sales, deductibles, and loss runs for the past 5 years.

	YR - _____	YR - _____	YR - _____	YR - _____	YR - _____
Carrier					
Premium					
Sales					
Ded/SIR					
Losses					

2. Has any company canceled or declined to renew in the past 5 years? €Yes €No

If yes, please explain: _____

3. Has the insured ever had a lapse in coverage? €Yes €No

If yes, please explain: _____

Claim Information

1. Make sure to attach 5 years of currently valued loss runs. (Valued no more than 3 months from date of application.)

2. Do you require staff to report all unusual incidents and are all incident reports reviewed by Management? €Yes €No

3. Do you have any knowledge concerning any incidents that have occurred prior to the date of this application that may give rise to a future claim? €Yes €No

NOTICE TO APPLICANTS: THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLELY ON THE INFORMATION PROVIDED, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME BY SIGNING THIS APPLICATION, THE SIGNOR WARRANTS THAT TO THEIR BEST KNOWLEDGE ALL INFORMATION GIVEN IS TRUE AND ACCURATE.

Name (type or print)
Signature
Date

NOTICE TO PRODUCERS: THE PRODUCER HEREBY WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

Name (type or print)
Signature
Date
License #

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Optional Coverages
(please attach an ACORD application)

Property	Contractors Equipment	EDP
Business Auto	Workers Compensation	Umbrella/Excess
Crime/Employee Dishonesty	Employment Related Practices	

Umbrella/Excess Questionnaire
(Please complete only if desired.)

- | | | |
|--|------|-----|
| 1. With the exception of leinholders, are any vehicles not solely owned by and registered to the applicant? | €Yes | €No |
| 2. Do over 50% of the employees use their autos in the business? | €Yes | €No |
| 3. Is there a vehicle maintenance program in operation? | €Yes | €No |
| 4. Are any vehicles leased to others? | €Yes | €No |
| 5. Are any vehicles customized, altered or have special equipment? | €Yes | €No |
| 6. Do operations involve transporting hazardous material? | €Yes | €No |
| 7. Any vehicles used by family members or non employees?
If so, please identify in remarks. | €Yes | €No |
| 8. Does insured review MVRs at time of hire and annually for all driving employees? | Yes | No |
| 9. Does insured have MVR standards in place, and an action plan if those standards are violated? | Yes | No |
| 10. Does insured have a written personal use policy including: who may and may not drive a company owned vehicle, that the company vehicle(s) may or may not be used for outside business, and consequences for violation of the policy? | Yes | No |
| 11. Does insured have a Fleet Safety program in place? | Yes | No |
| 12. Does the applicant have a specific driver recruiting method? | €Yes | €No |
| 13. Are any drivers not covered by Workers Compensation? | €Yes | €No |
| 14. Any vehicles owned but not scheduled on this application? | €Yes | €No |

Remarks:

WORKERS' COMPENSATION

Information Required with Submission: (Please attach)

1. ACORD Workers' Compensation application
2. Financials for accounts over \$100,000
3. Insurance Carrier Premium and Loss statements which are currently valued (5 years required).
4. Drivers schedule: Names, Dates of Birth & Driver's License Number required.
5. Experience Mod. Worksheet
6. Risk Identification Number for the NCCI or Appropriate State Rating Bureau or State Fund:

1. Annual employee turnover rate _____%

2. Is the current coverage now in Assigned Risk, State Fund or Voluntary Market? €Yes €No

3. Has any insurance carrier canceled or refused to renew within the past 3 years? €Yes €No
If yes, please explain _____

4. Do you report all WC claims, regardless of payment having been made on the claim? €Yes €No
If no, please explain: _____

5. Employee Benefits Program: Group Medical 401K Other _____

Describe your Employee Benefits Program:

6. Do you have a transitional duty (light duty) program? €Yes €No
If yes, describe: _____

7. Who is responsible for safety? _____

8. Do you have a formal safety committee? €Yes €No
If yes, how frequently does it meet and who attends? _____

9. Do you have a medical or physicians network in place for worker's comp. claims? €Yes €No
If yes, describe in detail: _____

10. Auto/Fleet Exposures (Complete if auto is not submitted with the workers' compensation.)

- a. Number of Drivers: _____
- b. Number of and types of vehicles: _____
- c. How are vehicles used? _____
- d. What time of the day are vehicles used? _____
- e. Who is allowed to drive vehicles? _____
- f. How often are MVR's pulled on all drivers? _____
- g. Describe MVR policy as it relates to vehicle usage: _____
- h. Are vehicles taken home? €Yes €No
If yes, what limitations are in place for personal use? _____
- i. Is there a maintenance program? €Yes €No

WAIVER SUBROGATION – Provide the names, addresses & class codes/payroll of all contracts requiring a waiver of subrogation.

Crime/Employee Dishonesty Questionnaire

(Please complete only if desired.)

1. Do you have an audited financial statement prepared annually? €Yes €No

2. Are internal financial statements prepared? €Yes €No

If yes, how often are they reviewed by the owner? _____

3. Describe your "Separation of Duties" and "Countersignature" procedures: _____

4. Indicate the number of employees who handle, have custody or maintain records of money, securities or other property: _____

5. Are officer-shareholders active in the day to day oversight of business operations? €Yes €No

6. Do employees who reconcile the bank statement also:
Make deposits? €Yes €No Make withdrawals? €Yes €No Sign Checks? €Yes €No

7. Is countersignature of checks required? €Yes €No
If yes, what is the dual signing limit? _____

8. Is segregation of duties practiced in the following areas:
Inventory management? €Yes €No Wire transfer receipts and payments? €Yes €No
Purchase order approval and payment? €Yes €No Vendor approval? €Yes €No
Oversight of blank check stock? €Yes €No Payroll? €Yes €No
Retail checks and Credit Card receipts? €Yes €No Cash receipts? €Yes €No

9. Are all incoming checks stamped "for deposit only" immediately upon receipt? €Yes €No

10. Are inventory records computerized? €Yes €No
Is a physical count of inventory conducted at least annually? €Yes €No

11. Are the duties of computer programmers and operators separated? €Yes €No

12. Are computer passwords changed frequently? €Yes €No

13. For new employees, do you perform any of the following types of background checks:
Prior employment? €Yes €No Education? €Yes €No Criminal history? €Yes €No
Drug testing? €Yes €No Credit history? €Yes €No

14. Are the controls indicated in 5-13 above imposed at all locations? €Yes €No
If no, please explain exceptions.

15. List all Crime/Fidelity Losses in the last three years:

16. Please indicate the coverages, limits, and deductibles desired:
€\$25,000 limit, \$1,000 deductible
€\$50,000 limit, \$1,500 deductible
€\$75,000 limit, \$2,500 deductible
€\$100,000 limit, \$5,000 deductible
€Other _____

17. List any qualified benefit plans

18. Are you interested in Fiduciary Liability Coverage? €Yes €No
If yes, please attach Form 5500's for each plan to be covered.

19. Current Fidelity Carrier? _____ Premium? _____
Limits? _____ Deductible? _____