

**A UNIT OF RSG UNDERWRITING MANAGERS**

**Alarm Installation & Monitoring Application**  
**COPY OF INSTALLATION CONTRACT MUST BE SUBMITTED WITH QUESTIONNAIRE**

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. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
4. Insured Email Address: \_\_\_\_\_
5. Date established \_\_\_\_\_ License No. \_\_\_\_\_  
 Sole Proprietor  Partnership  
 Corporation  Other: \_\_\_\_\_
6. Policy proposed effective date \_\_\_\_\_ to \_\_\_\_\_
7. Estimated annual
  - a. Sales \$ \_\_\_\_\_
  - b. Payroll \$ \_\_\_\_\_
8. Operations of applicant (show sales for each – total shown should equal sales in question 6a)

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: _____	K	\$ _____

9. Is the monitoring subcontracted out or handled by a third party?  Yes  No If yes, what is the total cost? \_\_\_\_\_
10. Is there any other work subcontracted out?  Yes  No If yes, what is the cost? \_\_\_\_\_
11. Total number of employees: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

**ADDITIONAL COVERAGES – Check all that apply**

- |                       |                                     |                                  |  |                                   |
|-----------------------|-------------------------------------|----------------------------------|--|-----------------------------------|
| Additional Insureds   | <input type="checkbox"/> Individual | <input type="checkbox"/> Blanket | <input type="checkbox"/> Per Project Aggregate       | <input type="checkbox"/> Stop Gap |
| Waiver of Subrogation | <input type="checkbox"/> Individual | <input type="checkbox"/> Blanket | <input type="checkbox"/> Employee Benefits Liability |                                   |
| Primary Wording       | <input type="checkbox"/> Individual | <input type="checkbox"/> Blanket | <input type="checkbox"/> Hired/Non-owned Auto        |                                   |

**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 #

**Optional Coverages** (please attach an ACORD application)

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

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