

SUPPLEMENTAL APPLICATION - ALARM AND FIRE PROTECTION SYSTEM FIRM

(required in addition to the "APPLICATION FOR GENERAL LIABILITY INSURANCE - PROTECTION SERVICES" form)

Breakdown of your revenue: Residential \_\_\_\_%. Commercial \_\_\_\_%. Industrial \_\_\_\_%. Agricultural \_\_\_\_%

Do you provide any service at airports: Yes \_\_\_ No \_\_\_

Please described minimum training or experience \_\_\_\_\_

Does firm and employees carry appropriate licenses: Yes\_\_\_ No\_\_\_ List: \_\_\_\_\_

Are jobs inspected by a supervisor or foreman: Yes \_\_\_ No \_\_\_ Name \_\_\_\_\_

Qualifications \_\_\_\_\_ Years Experience \_\_\_\_\_

Do you install only ULC approved equipment: Yes \_\_\_ No \_\_\_ If no, explain: \_\_\_\_\_

Do you always follow the manufacturer's instructions: Yes \_\_\_ No \_\_\_ If no, explain \_\_\_\_\_

Are both written and verbal operating instructions provided to the customer: Yes \_\_\_ No \_\_\_

Do you sell monitoring services with the installation of alarms systems; Yes \_\_\_ No \_\_\_ If yes, estimated revenue \$\_\_\_\_\_

Name of firm that does the monitoring: \_\_\_\_\_

Do you obtain proof of insurance from all your suppliers: Yes \_\_\_ No \_\_\_

\*\*\*IF THE APPLICANT DOES PROVIDE ALARM MONITORING SERVICES - PLEASE COMPLETE THE FOLLOWING:

What percentage of your total revenue is derived form monitoring services: \_\_\_\_\_%

Please provide % split: Residential \_\_\_\_% Commercial \_\_\_\_% Medical \_\_\_\_% Agricultural \_\_\_\_%

Provide % of operations: Paging Services \_\_\_\_%

Telephone Answering Service \_\_\_\_%

Emergency 911 \_\_\_\_%

Other \_\_\_\_% Please Specify \_\_\_\_\_

Is your station ULC listed: Yes \_\_\_ No \_\_\_ If not, is your monitoring system computerized: Yes \_\_\_ No \_\_\_

Do you have a backup power source: Yes \_\_\_ No \_\_\_

Is there a training program for operators: Yes \_\_\_ No \_\_\_ Written procedures for operators: Yes \_\_\_ No \_\_\_

How many years have you provided monitored station services: \_\_\_\_\_

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The applicant agrees to notify the company of any material changes in the answers to the questions on this questionnaire which may arise during the course of this policy issued and further understands that claims may be denied if information regarding these material changes were not provided.

The purpose of this questionnaire is to assist in the underwriting process. Information contained herein is specifically relied on in determination of insurability. The under-signed, therefore, warrants that the information contained herein is true and accurate to the best of his / her knowledge, information, and belief. This questionnaire and the application shall be the basis of any insurance policy that be issued and will be part of such policy.

A consumer report containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or any renewal, extension or variation thereof. Signing of this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

**NOTE: INSURANCE IS NOT IN EFFECT UNTIL PREMIER HAS ISSUED A BINDER.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Broker Signature: \_\_\_\_\_ Date \_\_\_\_\_