



iii of Maryland, Inc.
 10430 Shaker Drive, Suite 200
 Columbia, MD 21046
 800-392-3771; 410-337-9295; 410-730-2156 fax

ALARM AND TELECOMMUNICATIONS GENERAL LIABILITY APPLICATION

1. Name of Applicant: _____
 2. Location Address: _____
 Mailing Address, if different: _____
 Additional Locations, if any: _____
 3. Name of contact for inspection/audit: _____ Telephone No.() _____
 4. Proposed Effective Date: _____ Website _____
 5. Applicant is: Individual _____ Corporation _____ Partnership _____ Other _____ FEIN _____
 6. How long has Applicant been in business? _____ Number of years experience in this field? _____
 7. Total Number of Employees _____ Any bankruptcy in past 3 years? Yes/No _____
 8. Trade Association membership held _____
 9. Description of operations: _____
-
10. Does your firm have a written job safety program? Yes/No _____
 11. Annual Receipts: Coming Year _____ Expiring Year _____ 2nd Prior Year _____

	Payroll	Annual Receipts
Sales/Distribution	\$ _____	\$ _____
Installation	\$ _____	\$ _____
Service/Repair	\$ _____	\$ _____
Monitoring	\$ _____	\$ _____
Manufacturing	\$ _____	\$ _____

	Contract Cost	
Independent Contractors		
- Other than Monitoring	\$ _____	\$ _____
- Monitoring	\$ _____	\$ _____

12. Scope of Operations (should equal 100%)

	Service & Repair by You	Installation, Monitoring
Burglar Alarm	_____	_____
Fire Alarm	_____	_____
Fire Suppression	_____	_____
Water Flow	_____	_____
Phone Networks	_____	_____
Internet Connections	_____	_____
Wireless Communications	_____	_____
Cable Connections	_____	_____
CCTV	_____	_____
Two Way DVT	_____	_____
Other	_____	_____



13. Percentages of Work Performed (should equal 100%)

Airports _____
Apartments _____
Commercial _____
Condos/Townhouses _____
Custom Homes (non tract) _____
Hospitals/Healthcare _____
Jails/Justice _____
Manufacturing/Industrial _____
Tract (over 10 homes) _____
Other _____

- a) Customers are: _____ % Commercial _____ % Residential
b) Total number of Customers: _____ Number under Contract: _____

Enter the Limits of Liability Clause (Liquidated Damages) contained in the contract _____

- c) Does Applicant Provide Monitoring Service? _____ If yes, number of direct clients _____
Does Applicant Provide Answering Service? _____
Does Applicant Monitor Temperature Control Alarms? _____
Does Applicant Monitor Any Medical Alert Alarms? _____

If Applicant does not monitor alarms who does? _____

Does a contract exist between Applicant and the monitoring company? _____

Does applicant obtain Certificates of Insurance from the subcontractor(s) naming the Applicant as an Additional Insured?

- d) Explain alarm response procedures: _____

14. Does applicant sell products under his/her own label? Yes/No _____
15. Does the applicant do any Fire Suppression System installation, service or repair? Yes/No _____
16. Is the applicant an internet service provider? Yes/No _____
17. Does the applicant use security guards or "armed runners"? Yes/No _____
18. Is the applicant a cable programmer or operator who provides content? Yes/No _____
19. Does the applicant do new construction of multi unit residential facilities such as condominiums, duplexes, triplexes, and townhouses, not including apartment buildings? Yes/No _____
20. Does the applicant do new construction of residential housing developments of 10 homes or more? Yes/No _____
21. Does the applicant do any design or consulting work beyond maps, shop drawings, opinions, reports, surveys, field orders, change orders, or drawings and specification in connection with alarm/telecommunication related work performed by the applicant or on applicant's behalf? Yes/No _____
22. Does the applicant do any work in NY? _____ If yes, any work in New York City including the 5 boros? _____
23. Is coverage being requested for communication towers? Yes/No _____ If yes, number and value of towers _____
24. Does your firm have a written job safety program Yes/No _____
25. Are products used UL or Factory Mutual approved? Yes/No _____
26. Has any carrier cancelled or refused to renew? _____

If yes, please explain: _____



27. **COVERAGES AND ENDORSEMENTS:**

- 1. Limits of Liability Desired: _____
- 2. Deductible _____
- 3. Per Project Aggregate – Yes/No _____
- 4. Employee Benefits Liability – Yes/No _____
- 5. Waiver of Subrogation – Yes/No _____
- 6. Blanket Additional Insured – Yes/No _____ If yes, estimated number of additional insureds _____

28. Claim/Loss History (5 years) – General & Professional Liability: If none, so state. (Verified loss runs will be required).

Date	Description	Paid Amount	Reserves	Status
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

29. Describe any additional incidents that have occurred which may result in a claim being made against the applicant. If none, so state: _____

30. Policy Information:

Carrier	Dates	Limits	Premium	Basis	Deductible
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

THE FOLLOWING MUST BE ATTACHED BEFORE A QUOTE CAN BE PROVIDED:

- 1) Sample copies of each of Applicant's alarm contracts including unmodified written Customer/Subscriber contract form(s) to be insured.
- 2) Copies of all agreements with monitoring companies.

THE UNDERSIGNED DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE INSURANCE, NOR DOES REVIEW OF THE APPLICATION BIND THE INSUROR TO ISSUE A POLICY. IT IS AGREED, HOWEVER, THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

SIGNED BY:

Applicant
Date

Producer