



INSURANCE INNOVATORS INCORPORATED  
130 S. Easton Rd. PO Drawer 969, Glenside, PA 19038  
(215) 885-7300 Phone; (215) 886-2482 Fax; 800-523-6422 Toll Free

ALARM COMPANY GENERAL LIABILITY APPLICATION

1. Name of Applicant: \_\_\_\_\_
2. Street Address: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
Additional Locations, if any: \_\_\_\_\_
3. Name of contact for inspection/audit: \_\_\_\_\_ Telephone No.:( ) \_\_\_\_\_
4. Proposed Effective Date: \_\_\_\_\_
5. Applicant is: Individual \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Other \_\_\_\_\_
6. Coverages: \_\_\_\_\_
7. Limits: \$ \_\_\_\_\_ Each Occurrence                      \$ \_\_\_\_\_ Aggregate
8. Deductible: \$ \_\_\_\_\_ (including loss adjustment expenses)
9. 

	Payroll	Gross Sales
a) Sales/Distribution	\$ _____	\$ _____
Installation	\$ _____	\$ _____
Service/Repair	\$ _____	\$ _____
Monitoring	\$ _____	\$ _____
Manufacturing	\$ _____	\$ _____

Contract Cost

Independent Contractors \$ \_\_\_\_\_

b) Alarms are: \_\_\_\_\_ % Fire                      \_\_\_\_\_ % Medical Alert  
                  \_\_\_\_\_ % Burglary                      \_\_\_\_\_ % Temperature Control  
                  \_\_\_\_\_ % Combination                      \_\_\_\_\_ % Other (Intercom, CCTV, etc.)  
Describe: \_\_\_\_\_  
                  \_\_\_\_\_

c) Customers are: \_\_\_\_\_ % Commercial    \_\_\_\_\_ % Residential

d) Total number of Customers: \_\_\_\_\_ Number under Contract: \_\_\_\_\_

e) Does Applicant Provide Monitoring Service? \_\_\_\_\_  
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? \_\_\_\_\_

f) Explain alarm response procedures: \_\_\_\_\_  
\_\_\_\_\_

10. How long has Applicant owned this business? \_\_\_\_\_ Number of years experience in this field? \_\_\_\_\_

11. Describe duties of the owners: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Has any carrier cancelled or refused to renew? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

13. Claim/Loss History: If none, so state. (Verified loss runs will be required).

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

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

15. Policy Information:

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

16. Is applicant involved in any other operation? \_\_\_\_\_ Describe: \_\_\_\_\_  
\_\_\_\_\_

17. Trade association membership held? \_\_\_\_\_

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