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 member-ship 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