



Alarm Installation and Monitoring Questionnaire (Attach to an Acord Application)

Policy Number: _____

Applicant's name _____

Address _____

Street City State Zip

Applicant's website address _____ Contact's email address _____

THE FOLLOWING INFORMATION IS REQUIRED WITH YOUR SUBMISSION:

- 1) **A COPY OF THE APPLICANT'S CUSTOMER CONTRACT (NOTE: IF BOTH INSTALLATION AND MONITORING ARE DONE, THERE SHOULD BE TWO SEPARATE CONTRACTS)**
- 2) **FIVE YEARS OF CURRENTLY VALUED COMPANY LOSS RUNS**

GENERAL INFORMATION

- 1) How long have you been in business? _____
- 2) Are you a member of any trade organizations? Yes No
If yes, please list: _____
- 3) In what state(s) do you conduct business? _____
- 4) What percentage of your work is: commercial? _____% residential? _____%
- 5) Please indicate the number of employees: Full-time _____ Part-time _____
"Employees" include: Sole proprietors, Partners, Executive Officers, Seasonal employees, Part-time employees, Full-time employees.
- 6) What pre-employment screening is used? Please explain: _____

ALARM INSTALLATION

- 1) Are you a licensed and/or certified alarm installer? Yes No
- 2) Please check the box in front of any installation services that are provided and indicate what percentage that service makes up of the total operation and it's annual payroll:

<input type="checkbox"/> Security / Fire Alarm	_____ %	\$ _____	Annual Payroll	
<input type="checkbox"/> Closed Circuit TV	_____ %	\$ _____	Annual Payroll	
<input type="checkbox"/> Entertainment Systems	_____ %	\$ _____	Annual Payroll	
<input type="checkbox"/> Central Vacuum Cleaners	_____ %	\$ _____	Annual Payroll	
<input type="checkbox"/> Computer Components	_____ %	\$ _____	Annual Payroll	
<input type="checkbox"/> Vehicle Alarms	_____ %	\$ _____	Annual Payroll	*Decline
<input type="checkbox"/> Access Controls	_____ %	\$ _____	Annual Payroll	
<input type="checkbox"/> Medical Alert	_____ %	\$ _____	Annual Payroll	*Decline
<input type="checkbox"/> Other _____	_____ %	\$ _____	Annual Payroll	
- 3) Does the applicant presently or have they ever installed alarms for financial institutions, correctional institutions, or casinos? Yes No
If yes, please provide details: _____



4) Is alarm Service or Repair work performed for financial institutions, casinos, correctional facilities, hospitals, or schools? Yes No

If yes, please provide details: _____

5) Is any work sub-contracted out? Yes No

If yes, what is the cost? _____

If yes, what type of work is it? _____

6) Is any monitoring work sub-contracted out? Yes No

If yes, what is the cost? _____

7) Do you inspect, test, or certify alarms installed by others? Yes No

8) Do you manufacture or sell alarms and or their components? Yes No

9) Do you perform any design work? Yes No

If yes, please describe: _____

ALARM MONITORING

1) Is alarm monitoring, preformed for financial institutions, casinos, hospitals, schools, medical alert, or correctional institutions? Yes No

If yes, please describe: _____

What percentage of your work is this? _____%

2) When monitoring, do you have your own runners and/or guards? Yes No

If yes, do they carry firearms? Yes No

3) Do you monitor alarms installed by others before checking their serviceability? Yes No

If so, please explain: _____

4) Is any other type of security service provided? Yes No

If yes, please describe: _____

IF A QUOTE FOR WORKER'S COMPENSATION* COVERAGE IS BEING REQUESTED
PLEASE COMPLETE AN ACORD WORKER'S COMPENSATION APPLICATION AND OUR CONTRACTOR'S
WORKERS COMPENSATION QUESTIONNAIRE

(*Workers Compensation not applicable in Kentucky, Michigan or Ohio)

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.

Applicant's Signature Date

Agent's Signature Agency Name Date