

Alarm Installation & Monitoring Application

***Liquidated damages clause (limit of liability) is required for this program.

Before proceeding, please make sure the insured's contracts contain this clause.***

General Information

1. Name: _____
Additional Named Insured – please include description of operations for each: _____
- Is there at least 51% common ownership between all names? Yes No
2. Physical Address: _____
Street _____ City/County/State/Zip _____
3. Mailing Address: _____
Street _____ City/County/State/Zip _____
4. Insured Email Address: _____
5. Inspection Contact: _____ Phone: _____
Audit Contact: _____ Phone: _____
Claims Contact: _____ Phone: _____
6. Phone Number: _____ Fax: _____
7. Website: _____ FEIN: _____
8. Date Established: _____ License No. _____
 Sole Proprietor Partnership Corporation LLC Other: _____
9. Policy Proposed effective date: _____ to _____
10. Current coverage expires/expired on: _____
11. Deductible: \$1,000 \$2,500 \$5,000 Other: _____
12. Estimated annual: a. Sales \$ _____ b. Payroll \$ _____
13. Does the Applicant participate, or plan to participate, in any owner-controlled insurance program (OCIP)/wrap-up jobs? Yes No
14. Operations of Applicant (show sales for each – total shown should equal sales in question 12). Please exclude any OCIP sales:

A	Burglar & fire alarm installation – residential	A	\$
B	Burglar & fire alarm installation – commercial	B	\$
C	Burglar & fire alarm inspection, testing, service, and/or repair	C	\$
D	Burglar & fire alarm monitoring operations	D	\$
E	Live camera and/or CCTV monitoring	E	\$
F	Nurse call systems installation & monitoring	F	\$
G	Medical alert stand-alone pendants	G	\$
H	Medical emergency alert systems monitoring	H	\$
I	Patient wandering/tracking devices/PERS	I	\$
J	Home detention or penal/correctional/prisons/jail systems	J	\$
K	C.C.T.V. installation/service/repair	K	\$
L	Access control / Card entry systems	L	\$
M	Standard electrical work (120V/240V)	M	\$
N	Higher voltage electrical work (over 240V)	N	\$
O	Audio/Visual and/or Home Theatre	O	\$
P	Central Vacuum	P	\$
Q	Locksmith	Q	\$
R	Information Technology (IT) operations	R	\$
S	Retail sales of equipment	S	\$
T	Fire extinguisher servicing/installation/testing/repair*	T	\$
U	Automatic sprinkler systems servicing/installation/testing/repair*	U	\$
V	Other – Describe: _____	V	\$

***If any sales for T or U, please complete our Fire Suppression Supplemental Application found on our website.**

15. If any sales filled in for G, H, I, or J above, please provide detail: _____
-
16. Does the Applicant currently perform or plan to perform any alarm installation in any of the **NEW CONSTRUCTION** housing types listed below? Yes No
- | | |
|--|---|
| Condominiums | % |
| Townhomes | % |
| Row Houses | % |
| Tract Home Developments consisting of 10 or more homes | % |
17. Does the Applicant perform any work for facilities related to cannabis including those that grow, store, test, handle, manufacture, package, distribute, or sell cannabis products? Yes No
18. Does the Applicant perform any of the following type of work? Yes No
- Products or services at or for nuclear facilities Yes No
 - Network Security and Cyber Security Yes No
 - Blockchain Services Yes No
 - Cloud services including Infrastructure-as-a-Service (IaaS), Platforms-as-a-Service (PaaS), and Software-as-a-Service (SaaS) Yes No
 - Data Storage, Data Backup, and Data Restoration Yes No
 - IT consultants or service providers Yes No
 - IT development and mgmt. of IT platforms or software (e.g., UX, UI, software/app developers, etc). Yes No
 - Operation of a "911" emergency response system Yes No
19. Does the Applicant currently perform and/or anticipate performing any installation, service, inspection, and/or repair of alarm systems aboard aircrafts, automobiles, mobile equipment, boats, yachts, and/or food trucks? Yes No
If yes, please describe: _____
-
20. Is the monitoring subcontracted out or handled by a third-party? Yes No
If yes, please indicate annual cost \$ _____
21. Is there any other work subcontracted out? Yes No
If yes, please indicate annual cost \$ _____
What kind of work is subcontracted? _____
-
22. Does the Applicant obtain Certificates of Insurance from ALL subcontractors? Yes No
23. Is the Applicant added as an additional insured by their subcontractors' policies? Yes No
24. Does the Applicant require all subcontractors to carry equal or greater limits of insurance and provide hold harmless status in favor of the insured? Yes No
25. Does the Applicant perform any manufacturing? Yes No
If yes, please describe: _____
26. If the Applicant has retail sales exposure:
- Are all products made and distributed in the U.S.? Yes No
 - Does the Applicant receive Additional Insured – Vendor coverage from the manufacturer/dealer? Yes No
 - If no to either of the above questions, please explain: _____
-
27. Does the Applicant sell anything under its own label? Yes No
28. Does the Applicant have their own standard form of contract? Yes No
- If yes, please **attach a copy of the performance contract with client.**
 - If no, whose contract is signed at installation? _____
 - If yes, does the Applicant ever permit exceptions to its contract language? Yes No
Please explain: _____
-
29. Does the Applicant limit their liability to a stated dollar amount (liquidated damages on their standard alarm contract with their client)? Yes No
- If yes, what is the maximum limit allowed? _____

b. Please **attach a copy of the contract.**

30. Does the contract offer the option to buy back coverage? Yes No
 a. If yes, what is the maximum limit allowed? _____
 b. What percentage (%) of the contracts have higher liquidated damage limits? _____ %
31. Total number of subscribers:
 a. Including central station subscribers _____
 b. Including central station subscribers under contract _____
32. Does the Applicant respond to their alarms? Yes No
 If yes, are response runners armed? Yes No
33. What specific warranties does the Applicant give on an outright sale? _____

34. Total Number of Employees:

	Full-Time	Part-Time
Employees		

35. Does the Applicant have a training program? Yes No
 If yes, please describe: _____

36. Describe screening procedures for prospective employees: _____

37. Does the Applicant lease employees? Yes No
38. Has the Applicant been cited for any OSHA violations in the last 3 years? Yes No
 If yes, please explain: _____

Additional Coverages (Check all that apply):

Additional Insureds:

- Ongoing Ops: Individual Blanket
 Completed Ops: Individual Blanket
 Waiver of Subrogation: Individual Blanket
 Primary Wording: Individual Blanket

- Per Project Aggregate Employee Benefits Liability Stop Gap Hired/Non-Owned Auto
 Retro Date: _____ (Please provide expiring dec for EBL Retro Date)

CURRENT GENERAL LIABILITY INFORMATION

1. Please provide name of carriers, premiums paid, limits, sales, deductibles, and loss runs for the past 5 years.

	YR: _____	YR: _____	YR: _____	YR: _____	YR: _____
Carrier					
Premium					
Payroll					
Deductible					
Losses					

2. Has any company canceled or declined to renew in the past 5 years? Yes No
 (Not applicable for Missouri accounts or residents).
 If yes, please explain: _____

3. Has the Applicant ever had a lapse in coverage? Yes No
 If yes, please explain: _____

CLAIM INFORMATION

1. Make sure to attach 5 years of currently valued loss runs. (Valued no more than 3 months from date of application).
2. Does the Applicant require staff to report all unusual incidents and are all incident reports reviewed by management? Yes No
3. Does the Applicant have any knowledge concerning any incidents that have occurred prior to the date of this application that may give rise to a future claim? Yes No

NOTICE TO APPLICANTS: THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLELY ON THE INFORMATION PROVIDED. THE SIGNOR WARRANTS THAT TO THEIR BEST KNOWLEDGE ALL INFORMATION GIVEN IS TRUE AND ACCURATE. IF THE UNDERSIGNED LEARNS OF ANY MATERIAL CHANGE IN THE INFORMATION, YOU MUST PROVIDE IT TO THE UNDERWRITERS.

 Name (type or print) Signature Date

NOTICE TO PRODUCERS: THE PRODUCER HEREBY WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

 Name (type or print) Signature Date License No.

Please complete below if you are requested Auto, Hired & Non-Owned, or Excess coverage.

AUTO/HIRED & NON-OWNED

1. Are the Applicants' MVTs reviewed upon hire and annually thereafter? Yes No
2. Are standards for acceptable drivers in place? Yes No
3. Is an action plan in place if acceptability standards are not met? Yes No
4. Are all drivers between 21 and 70 years old? Yes No
5. If over 70, are medical certificates stating that, he/she has no medical issues that would preclude him/her from driving, available? Yes No
6. Does the Applicant have an acceptable Fleet Safety Program in place? Yes No
7. Is a Vehicle Maintenance Program in place? Yes No
8. Is personal usage of vehicles allowed? Yes No
9. Does the Applicant have a written personal use policy in place? Yes No
10. Is the original cost new of all vehicles less than \$100,000? Yes No
11. Are all autos kept in a locked premise when not in use? Yes No
12. Does the Applicant utilize GPS fleet telematics devices? Yes No
13. What percentage of the Applicant's fleet is provided with fleet telematics? _____ %
14. Are any vehicles used for snow plowing? Yes No
15. Does the Applicant have any owned or leased autos? Yes No
16. Do the Applicant's employees drive autos that the Applicant does not own to and from work sites, to or at client locations, or for any other business-related reason? Yes No
 - a. If yes, how many employees drive autos that the Applicant does not own for business purposes? _____
17. If the Applicant obtains MVRs, which of the following causes would suspend an employee from driving on behalf of the Applicant?

<input type="checkbox"/> One moving violation in past 5 years	<input type="checkbox"/> One at-fault accidents in past 5 years
<input type="checkbox"/> Two moving violations in past 5 years	<input type="checkbox"/> Two at-fault accidents in past 5 years
<input type="checkbox"/> Three or more moving violations in past 5 years	<input type="checkbox"/> Three or more at-fault accidents in past 5 years
<input type="checkbox"/> Intoxicated driving (DUI/DWI)	<input type="checkbox"/> Inactive or suspended license
<input type="checkbox"/> Other: _____	

18. What is the Applicant's annual cost of hired autos? _____

19. What is the annual average mileage per auto? _____

EXCESS

Information Required with Submission (please attach):

- ACORD Application
- 5 Years Currently Valued Loss Run Statements – include Auto Loss Runs

1. With the exception of lienholders, are any vehicles not solely owned by and registered to the Applicant? Yes No
2. Do over 50% of the employees use autos in the business? Yes No
3. Are any vehicles leased to others? Yes No
4. Are any vehicles customized, altered, or have special equipment? Yes No
5. Do operations involve transporting hazardous material? Yes No
6. Are any vehicles used by family members or non-employees? Yes No
7. Does the Applicant have a specific driver recruiting method? Yes No

If you answered "Yes" to any of the above questions, please explain: _____

WORKERS' COMPENSATION

Information required with Submission (please attach):

- ACORD Workers' Compensation Application
- 5 Years Currently Valued Loss Run Statements
- Experience Modification Worksheet
- Risk Identification Number for the NCCI or Appropriate State Rating Bureau or State Fund

1. Is the current coverage now in Assigned Risk, State Fund, or Voluntary Market? Yes No
2. Has any insurance carrier canceled or refused to renew within the past 3 years? Yes No
(Not applicable for Missouri accounts or residents)

If yes, please explain: _____

3. Employee Benefits Program: Group Medical 401k Other: _____

4. Do you have a transitional (light duty) program? Yes No
If yes, please describe: _____

5. Who is responsible for safety? _____

6. Do you have a formal safety committee? Yes No
If yes, how frequently does it meet and who attends? _____

WC WAIVER OF SUBROGATION

Blanket Individual

Please provide the names, addresses, & class codes/payroll of all contracts requiring an individual waiver of subrogation.

FRAUD WARNINGS

GENERAL: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act. **(Applicable in all states other than those listed below. If you are located in one of these states, please take time to review the appropriate warning prior to submitting your application.)**

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

RHODE ISLAND: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

VIRGINIA: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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