



Date Completed: \_\_\_\_\_

Full Legal Name of Applicant: \_\_\_\_\_

Db: \_\_\_\_\_

Contact: \_\_\_\_\_ Member of NSCA ( ) Yes ( ) No

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

**BUSINESS INFORMATION:**

Application is: ( ) Corporation ( ) Partnership ( ) Individual ( ) LLC ( ) Other

Application is and %: ( ) Fire Alarm \_\_% ( ) Burglar Alarm \_\_% ( ) Medial Alert \_\_%

( ) Infant Abduction \_\_% ( ) CCTV \_\_% ( ) Lighting \_\_% ( ) Sound \_\_% ( ) Government \_\_%

( ) Commercial \_\_% ( ) Home Theatre \_\_% ( ) Retail \_\_% ( ) Design for Other Contractors \_\_%

( ) Fire Suppression \_\_% ( ) Cable Programming w/Content \_\_% ( ) Audio/Video Systems \_\_%

Company Operations: ( ) Installation \_\_% ( ) Service/Repair \_\_% ( ) Design for Other Contractors \_\_%

( ) Manufacturing \_\_% ( ) Wholesale/Distribution \_\_% ( ) Equipment Rental/Staging \_\_%

( ) Retail Sales \_\_% ( ) Other, list \_\_%

Do your employees conduct any monitoring of alarm systems?  Yes  No If Yes, what percentage of contracts? \_\_\_\_\_%

Years in Business: \_\_\_\_\_ If Less than 3 Yrs prev Experience: \_\_\_\_\_

FEIN: \_\_\_\_\_ Contractor's License #: \_\_\_\_\_

States Business conducted: \_\_\_\_\_



**MAJOR CONCERNS OF APPLICANT:**

- In selecting a protection program, what are your major primary needs?
- Where is your current protection program placed?
- Why did you select them?
- Have they lived up to your expectations?
- Price aside, do you have any concerns about your current coverage?
- How will you select an insurance professional and program?
- How would you rate your current agency service ( ) Poor ( ) Fair ( ) Average ( ) Good ( ) Superior



**PROPERTY SECTION Coverage and Underwriting:**

Physical Address: \_\_\_\_\_

Items:	Needed:	Current:	Recovery Required	Deductibles
Building	\$	\$	( ) Replacement ( ) Depreciated	\$
Leasehold Improvements	\$	\$	( ) Replacement ( ) Depreciated	\$
Furniture/Fixtures	\$	\$	( ) Replacement ( ) Depreciated	\$
Inventory	\$	\$	( ) Replacement ( ) Depreciated	\$
Computer	\$	\$	( ) Replacement ( ) Depreciated	\$
Phone System	\$	\$	( ) Replacement ( ) Depreciated	\$
Exterior Signs	\$	\$	( ) Replacement ( ) Depreciated	\$
Awnings	\$	\$	( ) Replacement ( ) Depreciated	\$
<b>Total</b>	\$	\$		\$

**Full Annual Loss of Income Formula: *Two Methods to Determine Needs:***

<b>METHOD ONE</b>		<b>METHOD TWO</b>	
Annual Gross Sales:	\$	Annual Pre Tax Profit:	\$
Less Annual Cost of Goods:	\$	Plus Expenses that would continue:	\$
Less Annual Expense that would not Continue:	\$	Plus Payroll that would continue:	\$
Less Annual Payroll that would not continue:	\$		
Net Loss of Income:	\$	Net Loss of Income:	\$

**Limited Loss of Income Formula: *Alternative Methods to Determine Needs:***

- A. Three Equal Monthly Payments at 33% of Total      Total: \$ \_\_\_\_\_
- B. Four Equal Monthly Payments at 25% of Total      Total: \$ \_\_\_\_\_

**Miscellaneous Property Issues:**

Plate Glass Coverage:      ( ) Yes ( ) No    If yes, linear feet of glass



**Hold Up ( Money & Securities):** ( ) Yes ( ) No If yes: Amount on Prem \$\_\_\_\_\_ Off Prem \$\_\_\_\_\_

**Employee Theft:** ( ) Yes ( ) No If yes: Number of Employees (complete Crime application)

**Transportation of Contents:** ( ) Yes ( ) No If yes: Amount of Coverage per Vehicle

**Back Up of Sewer & Drains:** ( ) Yes ( ) No If yes: Value of Contents in Basement Area \$ \_\_\_\_\_

**Earthquake:** ( ) Yes ( ) No If yes: complete supplemental application

**Flood:** ( ) Yes ( ) No If yes: Complete Federal Flood application

**Fine Arts:** ( ) Yes ( ) No If yes: Submit complete schedule

**Physical Building Information:**

Year Built \_\_\_\_\_ Number of Stories/Floors \_\_\_\_\_ Apts in Building \_\_\_\_\_ Basement \_\_\_\_\_

Construction Type: ( ) Frame ( ) Masonry – wood roof & floors ( ) Masonry – concrete & steel roof/floors  
( ) Metal ( ) Fire Resistive

Total Area: \_\_\_\_\_sq ft. Fire Extinguishers \_\_\_\_\_ Sprinkler System: ( ) Yes ( ) No Test Date: \_\_\_\_\_

**Liability (Law Suit Protection) – Coverage & Underwriting Information:**

❖ **PRIMARY LIABILITY**

<b>Amount of Protection</b>	<b>Required</b>	<b>Currently Carried</b>
Combined Single Limit of Protection	( ) \$300,000 ( ) \$500,000	( ) \$300,000 ( ) \$500,000
	( ) \$1,000,000	( ) \$1,000,000

Total Sales: \_\_\_\_\_ Payroll by Classification \_\_\_\_\_

Operations (use %) \_\_\_\_\_ Alarm \_\_\_\_\_ Safety Equipment \_\_\_\_\_

Do you perform any design work, not associated with installation? ( ) Yes ( ) No

Trade Memberships Held: \_\_\_\_\_

❖ **PROFESSIONAL LIABILITY – ERRORS/OMISSIONS**

Do you currently purchase this coverage: ( ) Yes ( ) No



Do you require subcontractors to sign a written contract that has an indemnity agreement holding you harmless: ( ) Yes ( ) No

Are standard contracts used on every job: ( ) Yes ( ) No

Does the sales contract include a limitation of liability/liquidated damages clause: ( ) Yes ( ) No

If so, what amount: \$ \_\_\_\_\_

❖ **UMBRELLA – EXCESS LIABILITY**

Limits Requested: ( ) \$1,000,000 Per Occ \$1,000,000 Agg \$10,000 retention

( ) \$2,000,000 Per Occ \$2,000,000 Agg \$10,000 retention

❖ **HIRED & NON-OWNED AUTOMOBILE**

Limits Requested ( ) \$1,000,000 Per Occ \$1,000,000 Agg \$10,000 retention

Considerations: Number of Employees: \_\_\_\_\_ Any Owned Vehicles? ( ) Yes\* ( ) No

\* If yes – Complete List of Vehicles, Year, Make, VIN, cost new, along with complete drivers list, including name, birthdate, drivers license number and state of license

❖ **WORKERS COMPENSATION – Coverage & Underwriting Information:**

General Information Corporate Officers:

Name	Position	Include or Exclude for WC
1.		
2.		
3.		
4.		

**PAYROLL INFORMATION:**

Position	Straight Time Payroll	Overtime Payroll	# of Full Time Staff	# of Part Time Staff
Alarm Install 7605				
Comm Equip 9015				
Clerical 8810				
Salesperson 8742				
Subcontractor Cost				

Written Safety Program ( ) Yes ( ) No Health Insurance for Workers ( ) Yes ( ) No

Vacation Paid ( ) Yes ( ) No Sick Time Paid ( ) Yes ( ) No



Five Largest Clients and Description of Duties for them:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_

**ALARM COMPANY OPERATIONS – PROVIDE BREAKDOWN OF APPLICABLE OPERATIONS:**

<u>Client Base:</u>	New Construction	Rehab/Service/Repair
Commercial	_____ %	_____ %
Industrial	_____ %	_____ %
Institutional	_____ %	_____ %
Apartments	_____ %	_____ %
Single Family	_____ %	_____ %
Condos	_____ %	_____ %
Tract Housing	_____ %	_____ %
Custom Homes	_____ %	_____ %
Single Family, Condos, Or Custom Homes	_____ %	_____ %

**GROSS RECEIPTS BREAKDOWN BY ALARM & RELATED OPERATIONS**

Receipts Breakdown:

	Sales/Install/Service	Monitoring
Fire/Smoke/Heat Detection	\$ _____	\$ _____
Burglary	\$ _____	\$ _____
Personal Emergency/Panic Button	\$ _____	\$ _____
Medical Emergency Pendants	\$ _____	\$ _____
Medication Reminder Service	\$ _____	\$ _____
Carbon Monoxide Detection	\$ _____	\$ _____
Utility Monitors (HVAC/Water/Gas)	\$ _____	\$ _____
Water Flow on Sprinkler System	\$ _____	\$ _____
Temperature Control	\$ _____	\$ _____
Closed Circuit TV	\$ _____	
Central Vacuum	\$ _____	
Home Theater	\$ _____	
Intercom	\$ _____	
Preconstruction Wiring/Conduit	\$ _____	



**GENERAL ACCOUNT INFORMATION**

**Current Liability Carrier:** \_\_\_\_\_ **Policy #** \_\_\_\_\_ **Effect Date:** \_\_\_\_\_

**Current Property Carrier:** \_\_\_\_\_ **Policy #** \_\_\_\_\_ **Effect Date:** \_\_\_\_\_

**Current Work Comp Carrier:** \_\_\_\_\_ **Policy #** \_\_\_\_\_ **Effect Date:** \_\_\_\_\_

**Current E & O Carrier:** \_\_\_\_\_ **Policy #** \_\_\_\_\_ **Effect Date:** \_\_\_\_\_

**Current Umbrella Carrier:** \_\_\_\_\_ **Policy #** \_\_\_\_\_ **Effect Date:** \_\_\_\_\_

**Signature of Owner, Partner or Officer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please forward the Declarations Pages from your current insurance policy for additional General Liability, Property, Inland Marine, Auto, Crime, Worker's Compensation, and Umbrella Liability information.**

These statements and answers are herein warranted to be true and are made in the knowledge that the company will act in reliance upon them. This request is designed to solicit information and is not a policy or a policy binder on the part of the applicant, its agency, or the Insurance Company. Any misrepresentations by the Applicant may result in denial of coverage or the cancellation of any subsequently issued policy or policies. This program is a benefit available to NSCA members. Membership status must be Active to participate in the program. Cancellation of policy may result if association membership becomes Inactive.