



Years in business: _____

Policy Expiration: _____

Company: _____

Email Address: _____

DBA: _____

Web Address: _____

Address: _____

Phone Number: _____

City/State/Zip: _____

Fax Number: _____

Contact: _____

Are you a current NSCA Member? Yes No

How did you hear about SystemsPlus™ Insurance? _____

COMPANY OPERATIONS:		SYSTEM TYPE:	
<input type="checkbox"/> Installation	_____ %	<input type="checkbox"/> Audio/Video Systems	_____ %
<input type="checkbox"/> Service/Repair	_____ %	<input type="checkbox"/> Fire Alarm Systems	_____ %
<input type="checkbox"/> Design for Other Contractors	_____ %	<input type="checkbox"/> Security/Burglar Systems	_____ %
<input type="checkbox"/> Manufacturing	_____ %	<input type="checkbox"/> Telecommunication Systems	_____ %
<input type="checkbox"/> Wholesale/Distribution	_____ %	<input type="checkbox"/> Medical Alert Systems	_____ %
<input type="checkbox"/> Equipment Rental / Staging	_____ %	<input type="checkbox"/> Fire Suppression Systems	_____ %
<input type="checkbox"/> Retail Sales	_____ %	<input type="checkbox"/> Cable Programming w/ Content	_____ %
<input type="checkbox"/> Other	_____ %	<input type="checkbox"/> Other	_____ %

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

Do you offer an employee health plan? Yes No FEIN # _____ # of Employees _____

FINANCE:

	Payroll Total	Gross Receipts	Current Total Premium	Subcontractor Costs
Upcoming Year	\$ _____	\$ _____	\$ _____	\$ _____

Are you currently purchasing Errors and Omissions (Professional Liability) 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

Do your sales contracts include a limitation of liability/liquidated damages clause? Yes No If yes, what amount? \$ _____

In what states do you conduct business? _____

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.

Signature of Owner, Partner, or Officer: _____ Date: _____