



Insurance Services, Inc.

Exclusive provider of the Gold Shield Advantage™ National Security Programs
Workers' Compensation • General Liability • Employment Practices Liability • Bonds

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Producer: _____
Agency: _____
Address: _____
City, State Zip: _____ Phone #: _____
E-mail: _____ Fax #: _____

Alarm Liability Insurance Including Errors & Omissions

- Requested effective date : _____
- Business name (including dba's): _____
- Mailing address: _____
- Physical address: _____
- Name & title of person to contact for inspection: _____
- Area code & telephone number: () _____ Fax #: () _____
- Years in business: _____ If less than three years, please attach resume showing experience and qualifications.
- Type of ownership: Corporation _____ Partnership _____ Individual _____ Other _____
- Describe operations in detail: _____

10. Names of subsidiaries owned or controlled: _____

11. Describe operations of subsidiaries: _____

12. Is a quotation for umbrella or excess liability desired: Yes _____ No _____ If yes, limit desired _____

13. Standard deductible - \$0
Optional deductible desired: Yes _____ No _____ If yes, what amount? \$1,000 _____ \$2,500 _____

14. Provide the following information:

	Annual Payroll	Annual Receipts	No. of Employees
a) Alarm Sales & Distribution	_____	_____	_____
Alarm Installation & Service	_____	_____	_____
Alarm Monitoring	_____	_____	_____
Guard Response	_____	_____	_____
Non Alarm Locksmith, Access Control, CCTV, Intercom, Home Theater, CCTV, (specify: _____)	_____	_____	_____
SUBTOTAL	_____	_____	_____
Deduct the cost that is paid for "3rd Party" Monitoring	_____	() _____	_____
TOTAL	_____	_____	_____

b) Operation percentages are:

Fire Only	Burglary Only	Combination (Fire, Burglary)	Stand Alone Med. Alert
CCTV	Temp. Control	Home Entertainment	Gas/Water Detection
Intercom	Locksmith	Access Control	Other

If other, please explain: _____

c) Does company do any manufacturing or sell anything under their own label? Yes _____ No _____
If answer to question "c" is yes, please explain: _____

d) Does company service or install any equipment in motor vehicles, aircraft or watercraft? Yes _____ No _____
If yes, explain: _____

e) Alarm installations are: Central Station _____ % Local _____ %

- f) Total number of clients: _____ Number of clients under contract: _____
- g) Do all alarm clients sign insured's installation or service agreement? Yes _____ No _____
- h) Total number of installations estimated this year: _____
- i) From the total number of installations, what percentage are:

Retail Stores	Commercial Office Buildings	Institutions (Schools & Hospitals)	Residential Apts., Homes
Manufacturing & Assembly Plants	Warehouse (Storage Facilities)	Recreational, Arenas, Exhibition Halls	Other

- j) Total number of central station subscribers: _____ Are they all under contract? Yes _____ No _____
- k) Do you use a standard installation/service & monitoring contract which includes a "Liquidated Damage Clause" for all jobs? Yes _____ No _____

Note: Please attach two (2) copies of standard installation, service & monitoring agreements.

15. a) Does company monitor their own systems? Yes _____ No _____
- b) If no, who monitors? _____
- c) Does a contract exist between insured and monitoring company? Yes _____ No _____
- d) Does company require certificates of insurance from monitoring company? Yes _____ No _____
- e) Does monitoring company name alarm company as an additional insured? Yes _____ No _____
- f) What measures does the company employ to reduce false alarms? _____
- g) Are false alarms recorded? Yes _____ No _____
16. a) Does company subcontract work to others? Yes _____ No _____
- b) If yes, what type of work? _____
- c) Are certificates obtained from subcontractors? Yes _____ No _____
- d) Do subcontractors name company as additional insured? Yes _____ No _____
17. Does company have a training program for service technicians? Yes _____ No _____
- If so, please describe _____
18. Are service technicians licensed or certified? Yes _____ No _____ By Whom? _____
19. Explain alarm response procedures: _____
20. Is workers' compensation coverage currently in force? Yes _____ No _____ If yes, please provide carrier and expiration date: Carrier: _____ Expiration date: _____
21. a) Name of current general liability carrier: _____
- b) Does current policy include errors & omissions coverage? Yes _____ No _____
- c) Expiration date: _____ Limits: _____ Deductible: _____ Annual Premium: _____
22. Provide 5 years past loss experience. Please describe any claims in detail on separate sheet, if necessary.

Year	# Claims	Losses Paid	Loss Opened & Reserved	Estimated Annual Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please attach loss runs

NOTE: Two (2) Sets of all standard and amended contracts must be attached and approved. The statements and answers herein are warranted to be true and are made with the knowledge that the company will act in reliance upon them. This request is designed to solicit information and is not a policy or policy binder on the part of the applicant, its agency or the insurance company. Any misrepresentation may result in cancellation of this policy.

AUTHORIZED SIGNATURE OF APPLICANT _____ DATE _____

NOTICE TO APPLICANTS

FRAUD WARNING

TO BE ATTACHED TO ALL INSURANCE APPLICATIONS AND CLAIMS FORMS FOR THE STATES LISTED BELOW.

Applicable in Idaho

Any person who knowingly and with the 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.

Applicable in Kentucky and New Jersey

Any person who knowingly and with intent to defraud any insurance company or other persons, 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, subject to criminal prosecution and civil penalties.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she 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.

Applicable in 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.

Applicable in 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 insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicable in 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.

TO BE ATTACHED TO ALL CLAIM FORMS FOR THE STATES LISTED BELOW

Applicable in California

Any person who knowingly presents 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.

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A. 291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20

Authorized Signature of Applicant

Date