ALARM INSTALLERS PROGRAM APPLICATION
General Liability

APPLICANT INFORMATION

Name _____

Address _____

City, State, Zip _____

Telephone _____ Contractor License Number (if required) _____

Policy Term: _____

Business Description: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other _____

Limits Requested: Occurrence _____ Personal Injury/Advertising _____

General Aggregate _____ Medical Payments _____

Products/Comp Ops Aggregate _____ Fire Legal _____

Installers Errors & Omissions Coverage _____

Estimated annual payroll $ _____ Estimated annual receipts $ _____

Years in business _____ Average number of employees _____

Years experience _____ Percentage use of part-time employees _____ %

Percentage use of subcontractors _____ %

(Note: Subcontractors must provide certificates of general liability and workers' compensation insurance)

Describe applicant's operations (all operations must be eligible in order to qualify for this program) _____

_____

Alarm Installation Service, Repair _____% Residential _____% Commercial _____% Other

Largest job (sales) $_____ Typical job (sales) $_____

Any security consulting? _____

Any monitoring of alarm systems _____

Any installing, servicing, repair of a) medical alert systems? _____

b) motor vehicle alarms? _____

THREE YEAR LOSS EXPERIENCE

Date	Losses (description and amounts paid and incurred)
_____	_____
_____	_____
_____	_____

Comments _____

_____

_____

_____ _____

Applicant Signature

Producer Name & Address