

Capitol Indemnity Corporation
P.O. Box 5900
Madison, WI 53705

ALARM INSTALLATION OR MONITORING QUESTIONNAIRE

- 1. Is business properly licensed: (Where required by law) Yes No Not Required
 - 2. Type of Alarms installed: Security Fire Other (Explain) _____

 - 3. Does applicant/insured limit the maximum liability exposure to \$50,000 or less for loss or damage, via a contract with all customers? Yes No
If yes, attach a copy of contract used.
If no, risk does not qualify for coverage with Capitol Indemnity.
 - 4. Have copies of ALL contracts and promotional materials used by applicant/insured been provided to insurance company? Yes No
If no, please provide with completed questionnaire.
 - 5. Note type of risk(s) applicant/insured installs in and advise the % of applicant/insured total work.
____ Commercial ____ %, ____ Residential ____ %
____ Institutional ____ %, or ____ Industrial ____ %
 - 6. Does insured/applicant Install, Service, Repair or do Monitoring work for:
 - a. Correctional Institutions Yes No
 - b. Financial Institutions Yes No
 - c. Medical Facilities Yes No
 - d. Medical Alarm Monitoring Yes No
 - e. Residential Care Facilities Yes No
- Explain all Yes answers _____

- 7. What is the annual payroll for installation? \$ _____
Indicate dollar cost of subcontracted installation work. \$ _____
 - 9. Are all alarms and products used UL approved or labeled: Yes No
 - 10. Does applicant/insured rent or lease alarm systems: Yes No
 - 11. How long has applicant/insured installed alarm systems? _____

12. How long has applicant/insured owned their own alarm system business? _____
13. What work experience and training does applicant's employees have? _____
14. Does applicant/insured guarantee alarm will prevent fires or burglaries: Yes No
15. Does applicant/insured provide alarm monitoring service: Yes No
16. For what type of business are alarms monitored for? _____
17. Indicate cost of subcontracted monitoring hired. \$ _____
18. Does applicant/insured provide alarm response service? Yes No
19. If yes, explain. _____
20. What training is given to or required of employees that respond to alarms? _____

Please complete and attach to Acord Application

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE, AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE A POLICY FOR WHICH I AM APPLYING. IT IS UNDERSTOOD AND AGREED THAT COMPLETION OF THIS QUESTIONNAIRE DOES NOT BIND THE COMPANY.

Signature of Applicant

Date

JOHANNES / STOERMER CO.
P.O. BOX 41246
DAYTON, OHIO 45441-0246