

## ALARM INSTALLATION OR MONITORING QUESTIONNAIRE

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: \_\_\_\_\_

Website: \_\_\_\_\_

### PROHIBITED CIRCUMSTANCES

*If any of the questions in this section are answered "YES," you are not eligible for coverage.*

1. Do you manufacture or design alarm or fire suppression systems?  Yes  No
2. Do you install, repair, or service fire suppression systems?  Yes  No
3. Does the applicant provide alarm response service?  Yes  No
4. Do you provide alarm installation or monitoring for the following:
  - a. Detention or Correctional Institutions:  Yes  No
  - b. Banks or other financial institutions:  Yes  No
  - c. Hospitals or other medical facilities:  Yes  No
  - d. Medical Alarm:  Yes  No
  - e. Nursing homes, residential care or assisted living facilities:  Yes  No
  - f. Refineries, electrical, natural gas or nuclear power plants or other facilities working with explosive materials:  Yes  No
  - g. Offshore exposures including gas/oil rigs:  Yes  No
  - h. Railroad stations or airports:  Yes  No
  - i. Vehicle or watercraft alarm installation:  Yes  No
5. Do you work on new residential construction, track housing, townhomes or condos in any of the following states: AL,AZ,CA,CO,HI,NV,NY,WV?  Yes  No

### INSTALLATION QUESTIONS

1. How many years of experience does the applicant have in installing alarms? \_\_\_\_\_
2. Type of alarms installed:  Security  Fire  Other: \_\_\_\_\_
3. Are all alarms and products used UL approved or labeled?  Yes  No

### MONITORING QUESTIONS (COMPLETE IF APPLICABLE)

1. For what types of businesses are alarms monitored:  
\_\_\_\_\_
2. Does the applicant subcontract any monitoring services?  Yes  No



Capitol Indemnity Corporation  
Capitol Specialty Insurance Corporation  
Platte River Insurance Company

**IMPORTANT NOTICE**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

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Applicant Signature

Title

Date

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Producer Signature

Date