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
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.)

_________________________________________  ______________________________  ______
Applicant Signature                      Title                                              Date

Producer Signature  ________________________________  ______
Producer Signature

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