



ALL RISKS, LIMITED
 1920 Greenspring Drive, Suite 200
 Timonium, MD 21093
 Phone: (410) 828-5810
 Fax: (410) 828-8179
www.allrisks.com

Alarm Installation & Monitoring Application***

***Liquidated damage clause (limit of liability) is required for our program. Before proceeding with application, please make sure insured's contract contains this clause.

1. Name _____
 (Complete name as it should appear on the policy including Inc., Corp., Ltd., Etc.)

2. Physical Address _____
 No. Street City County State Zip Code

3. Please make certain additional locations are on ACORD forms.

4. Inspection Contact _____ Phone () _____
 Audit Contact _____ Phone () _____
 Claims Contact _____ Phone () _____

5. Telephone () _____ Fax () _____

6. Website _____

7. Date established _____ License No. _____ Sole Proprietor Partnership
 Corporation Other

8. Policy proposed effective date _____ to _____

9. Current coverage expires/expired on _____

10. Check limit of liability desired: \$300,000 \$500,000 \$1,000,000 Other _____

11. Deductible: \$1,000 \$2,500 \$5,000 Other _____

12. Applicant Classification: _____% Security Service _____% Investigations
 _____% Alarm Service and Monitoring _____% Consulting

13. Estimated annual a. Sales \$ _____ b. Payroll \$ _____

14. Operations of applicant (show sales for each – total shown should equal sales in question 13a)

A	Burglar & fire alarm installation – residential	A	\$
B	Burglar & fire alarm installation – commercial	B	\$
C	Burglar & fire alarm monitoring operations	C	\$
D	Medical emergency/ Nurse Call systems installation & monitoring	D	\$
E	Home detention or penal/correctional/prisons/jail systems installation & monitoring	E	\$
F	C.C.T.V. installation/ service/ repair	F	\$
G	Access control/ card entry systems	G	\$
H	Retail sales of equipment	H	\$
I	Fire extinguisher servicing/ installation/ testing/ repair	I	\$
J	Automatic sprinkler systems servicing/ installation/ testing/ repair	J	\$
K	Other – Describe: _____	K	\$

15. Does the insured install/service and/or repair alarms aboard aircrafts, automobiles, mobile equipment, boats and yachts? Yes No
If yes, please describe _____

16. Does the applicant subcontract work to others? Yes No
a. If yes, what type of work? _____
b. Cost of subcontractors \$ _____
17. Does the applicant do any manufacturing? Yes No
18. Does the applicant sell anything under its own label? Yes No
19. If the answer to question 17 and/or 18 is yes, please explain _____

20. Are certificates of insurance obtained from ALL subcontractors? Yes No
21. Is named insured added as an additional insured on subcontractor's policy? Yes No
22. Does the applicant have his own contract? Yes No
a. If yes, please attach **copy of usual performance contract with client**
b. If no, whose contract is signed at installation? _____
23. Does the applicant limit his liability to a stated dollar amount (liquidated damages on his standard alarm contract with his client)? Yes No
a. If yes, what is maximum limit allowed? _____
b. **Please attach copy of contract**
24. Does the contract offer the option to buy back coverage? Yes No
a. If yes, what is maximum limit allowed? _____
b. And, what percentage (%) of the contracts have higher liquidated damage limits? _____
25. Total number of subscribers:
a. including central station subscribers _____
b. including central station subscribers under contract _____
26. Do you respond to your alarms? Yes No
If yes, are response runners armed? Yes No
27. Will you service a system that you did not install? Yes No
28. What specific warranties do you give on an outright sale? _____

29. Total number of employees: _____ Full Time
_____ Part Time
30. Does the applicant have a training program? Yes No
If yes, please describe _____

31. Describe screening procedures for prospective employees: _____

32. Does the applicant lease employees? Yes No

Current General Liability Information

1. Please provide name of carriers, premiums paid, limits, sales, deductibles, and loss runs for the past 5 years.

	YR - _____	YR - _____	YR - _____	YR - _____	YR - _____
Carrier					
Premium					
Sales					
Ded/SIR					
Losses					

2. Has any company canceled or declined to renew in the past 5 years? Yes No
 If yes, please explain: _____

3. Has the insured ever had a lapse in coverage? Yes No
 If yes, please explain: _____

Claim Information

1. Make sure to attach 5 years of currently valued loss runs. (Valued no more than 3 months from date of application.)
2. Do you require staff to report all unusual incidents and are all incident reports reviewed by Management? Yes No
3. Do you have any knowledge concerning any incidents that have occurred prior to the date of this application that may give rise to a future claim? Yes No

Optional Coverages

(please attach an ACORD application)

- | | | |
|--|---|--|
| <input type="checkbox"/> Property Contractors | <input type="checkbox"/> Equipment | <input type="checkbox"/> EDP |
| <input type="checkbox"/> Business Auto | <input type="checkbox"/> Workers' Compensation | <input type="checkbox"/> Umbrella/Excess |
| <input type="checkbox"/> Crime/Employee Dishonesty | <input type="checkbox"/> Employment Related Practices | |

Crime/Employee Dishonesty Questionnaire

(Please complete only if desired.)

1. Do you have an audited financial statement prepared annually? Yes No
2. Are internal financial statements prepared? Yes No
If yes, how often are they reviewed by the owner? _____
3. Describe your "Separation of Duties" and "Countersignature" procedures: _____

4. Do you perform "Credit Checks" on your employees? Yes No
5. Indicate the number of employees who handle, have custody or maintain records of money, securities or other property: _____
6. List all Crime/Fidelity Losses in the last three years: _____

7. Please indicate the coverages, limits, and deductibles desired:
 \$25,000 limit, \$1,000 deductible
 \$50,000 limit, \$1,500 deductible
 \$75,000 limit, \$2,500 deductible
 \$100,000 limit, \$5,000 deductible
 Other _____
8. List any qualified benefit plans: _____

9. Are you interested in Fiduciary Liability Coverage? Yes No
If yes, please attach Form 5500's for each plan to be covered.
10. Current Fidelity Carrier? _____ Premium? _____
Limits? _____ Deductible? _____
11. Do you want an EPLI indication? Yes No
If yes:
a) Does the applicant anticipate any plant, facility branch or office closings, consolidations, or layoffs affecting 20% or more of the employees in any 60 day period within the next 18 months? Yes No
b) Has an Insurer ever canceled or non-renewed EPLI coverage? Yes No
c) Are you willing to commit to follow and implement provided human resources and risk management tools, at no additional cost to you, within 60 days or risk loss of coverage? Yes No
d) Please furnish Loss History (5 years) for all wrongful termination, discrimination and sexual harassment claims.
e) Does any director, officer, manager, supervisory employee or partner have knowledge of any circumstances which could reasonably give rise to a claim? Yes No
If yes, please provide an explanation on a separate sheet.

WORKERS' COMPENSATION

Information Required with Submission: (Please attach)

1. ACORD Workers' Compensation application
2. Location Coding – see attached pages
3. Financials for accounts over \$100,000
4. Insurance Carrier Premium and Loss statements which are currently valued (5 years required).
5. Drivers schedule: Names, Dates of Birth & Driver's License Number required.
6. Experience Mod. Worksheet
7. Risk Identification Number for the NCCI or Appropriate State Rating Bureau or State Fund:

1. Annual employee turnover rate _____%

2. Is the current coverage now in Assigned Risk, State Fund or Voluntary Market? Yes No

3. Has any insurance carrier canceled or refused to renew within the past 3 years? Yes No
If yes, please explain _____

4. Do you report all WC claims, regardless of payment having been made on the claim? Yes No
If no, please explain: _____

5. Employee Benefits Program: Group Medical 401K Other _____

Describe your Employee Benefits Program:

6. Do you have a transitional duty (light duty) program? Yes No
If yes, describe: _____

7. Who is responsible for safety? _____

8. Do you have a formal safety committee? Yes No
If yes, how frequently does it meet and who attends? _____

9. Do you have a medical or physicians network in place for worker's comp. claims? Yes No
If yes, describe in detail: _____

10. Auto/Fleet Exposures (Complete if auto is not submitted with the workers' compensation.)

a. Number of and types of vehicles: _____

b. How are vehicles used? _____

c. What time of the day are vehicles used? _____

d. Who is allowed to drive vehicles? _____

e. How often are MVR's pulled on all drivers? _____

f. Describe MVR policy as it relates to vehicle usage: _____

g. Are vehicles taken home? Yes No

If yes, what limitations are in place for personal use? _____

WAIVER SUBROGATION – Provide the names, addresses and payroll of all contracts requiring a waiver of subrogation.

If the Insured has no exposure to any of the High Profile Locations,
please note "no exposure, and sign/date the form.

WCM Workers Compensation

High Profile locations / Exposures

Location / Exposure Type	Yes	Comments
Airports		
Public Transportation (Incl. rail, subway stations)		
Monuments & other historically significant loc.		
Convention Centers		
Major Religious Structures		
Stadiums, Arenas or Sporting Complexes		
Museums / Aquariums/ Zoos		
Stock Exchanges or Financial Centers		
Nationally Recognized Hospitals/ Medical Centers		
Amusement Parks (high profile)		
"Marquis" buildings		
Utilities / Energy Generating Stations		
Refineries / Fuel Depots		
Dams		
Hazardous Chemical Manufacturing		
Weapons / Defense Manufacturing		
Military Bases or Locations		
Major Casinos		
Mail Handling or Delivery		
High-Rise Buildings		
Tier 1: Nationally recognized (e.g., Sears Tower)		
Tier 2: Over 35 stories		
Tier 3: Between 20 and 35 stories		
Other Specialty Situations		
Example: Olympic Venues, other Special Events		

Signature: _____

Date: _____

