



SCOTTSDALE INSURANCE COMPANY®

Home Office:

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Administrative Office:

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1-800-423-7675 • Fax (480) 483-6752

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Alarm Installation, Servicing, Monitoring or Repair
General Liability Application

Applicant's Name
Mailing Address
Location
Web Site Address

Agency Name
Agent
Address
E-Mail
Phone

PROPOSED EFFECTIVE DATE: From To 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture
Limited Liability Company Other (Specify):

LIMITS OF LIABILITY REQUESTED

PREMIUMS

Table with 2 columns: Limits of Liability Requested and Premiums. Rows include General Aggregate, Products & Completed Operations Aggregate, Personal & Advertising Injury, Each Occurrence, Fire Damage, Medical Expense, and Other Coverages.

A. How long has applicant been in business? yrs. Total number of employees:

B. Is applicant licensed? Yes No
If no, explain:

C. Estimated annual

- A) Payroll \$
B) Sales \$
C) Cost of subcontractors \$

D. Operations of applicant (show sales and payroll for each)	Payroll	Sales
1. Burglar alarms—residential	\$	\$
2. Burglar alarms—commercial	\$	\$
3. Fire alarms—residential	\$	\$
4. Fire alarms—commercial	\$	\$
5. Alarm monitoring operations (If any medical alarm monitoring, show separate sales for same.)	\$	\$
6. Monitoring, installation, servicing or repair of emergency medical alert systems or nurse call buttons. Describe:	\$	\$
7. Other	\$	\$
8. Does applicant have other business ventures for which coverage is not requested? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain and advise where insured: _____		

**E. Does applicant do any manufacturing?** .....  Yes  No  
Does applicant sell anything under own label? .....  Yes  No  
If the answer to either question is yes, please explain: \_\_\_\_\_

**F. Does applicant sell any items other than items which are installed by applicant?** .....  Yes  No  
If yes, provide listing of products sold: \_\_\_\_\_  
Sales amount for these products? \_\_\_\_\_

**G. Does applicant do design work for others?** .....  Yes  No  
If yes, percent of operation: ..... \_\_\_\_\_%

**H. Does applicant design systems without performing installation?** .....  Yes  No  
If yes, % of operation: ..... \_\_\_\_\_%

**I. Does applicant install alarms or phones in vehicles, mobile equipment, watercraft, or aircraft?** ....  Yes  No  
If yes, explain: \_\_\_\_\_

**J. Does applicant install alarms in hospitals, nursing homes, transportation facilities, detention or correctional facilities?** .....  Yes  No  
If yes, provide details and sales amount: \_\_\_\_\_

**K. Does applicant install or monitor alarms at chemical, fertilizer or petrochemical facilities?** .....  Yes  No

**L. Does applicant install or monitor metal, chemical or explosive detection devices at transportation facilities, federal buildings or post office mailrooms?** .....  Yes  No

**M. Does applicant monitor for home incarceration or pretrial release?**.....  Yes  No

**N. Does applicant have Workers' Compensation coverage in force?**.....  Yes  No

**O. Does applicant lease employees?** .....  Yes  No

**P. Does applicant have a training program?** .....  Yes  No  
If yes, describe: \_\_\_\_\_

**Q. Does applicant subcontract work to others?** .....  Yes  No

If yes, what type of work? \_\_\_\_\_

Are certificates of insurance obtained from ALL subcontractors?.....  Yes  No

**R. Please attach (A) Any descriptive or advertising literature; (B) Copy of usual performance contract with client; (C) Any hold harmless agreements executed in favor of client.**

**S. Does applicant limit his liability to a stated dollar amount (liquidated damages) on his standard alarm contract with his client?** .....  Yes  No

If yes: What is maximum limit allowed? \_\_\_\_\_

What percentage of contracts waive the liquidated damages clause? ..... \_\_\_%

**T. During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri)** .....  Yes  No

If yes, explain: \_\_\_\_\_

**Previous Insurer and Loss History: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.**

YEAR	COMPANY	POLICY NUMBER	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

SCHEDULE OF HAZARDS									
Loc. No.	Classification	Class. Code	Premium Bases:		Terr.	Rate		Premium	
			(s) Gross Sales (p) Payroll (c) Total Cost	(a) Area (t) Other		Prem./ Ops.	Products	Prem./ Ops.	Products

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

*(Applicable to Florida Agents Only.)*

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE**