



www.CoverX.com

SEND SUBMISSIONS TO:

MICHIGAN

(248) 358-4010 Telephone
(248) 358-2459 Fax
coverxuw@coverx.com Underwriting Email

Producer: Time Insurance Agency, Inc.
Producer Is: [] Wholesaler [x] Retailer
Address: 1405 E. Riverside Dr.
Austin, Texas 78741
Telephone: 1-800-365-6065
Fax: 512-440-0989
Email: cperez@timeinsurance.com
Proposed Effective Date:
If Renewal, Provide Current Policy No.:

ALARM OPERATIONS GENERAL LIABILITY APPLICATION

- 1. Applicant:
2. Street Address:
Mailing Address (if different than above):
Additional Locations (if any):
a.
b.
c. If additional space is necessary, please provide additional worksheet.
3. Web-Site Address:
4. Name of contact person for inspection/audit: Telephone No.:
5. Applicant is: [] Individual [] Corporation [] Partnership [] Other (Describe):
6. Limits: Each Occurrence/Aggregate Deductible:
7. How long has Applicant owned this business?
8. How many years experience does Applicant have in this field?
9. Is Applicant involved in any other operations? [] Yes [] No If Yes, please describe:
10. Provide the names of Applicant's five largest clients and a description of your duties for them:
(1)
(2)
(3)
(4)
(5)
11. Does Applicant have a written safety/loss control program in place? [] Yes [] No
12. Does Applicant perform any design work for a fee (not associated with your installation)? [] Yes [] No
If Yes, fully describe:

13. **Claim/Loss History:** Attach five (5) years currently valued loss runs with application. Verified loss runs required to bind.

14. **Expiring Policy Information:**

| Carrier | Policy Period (month/day/year) | Limits | Premium | Receipts or Payroll | Deductible |
|---------|-----------------------------------|--------|---------|------------------------|------------|
|---------|-----------------------------------|--------|---------|------------------------|------------|

15. Has any carrier cancelled or refused to renew? Yes No If Yes, please describe: _____

16. **ALARM COMPANY OPERATIONS – PROVIDE BREAKDOWN OF APPLICABLE OPERATIONS:**

| <u>Client Base:</u> | New Construction | Rehab / Retrofit Service / Repair |
|-------------------------------|------------------|--------------------------------------|
| Commercial | _____ % | _____ % |
| Industrial | _____ % | _____ % |
| Institutional | _____ % | _____ % |
| A. Medical / Penal | _____ % | _____ % |
| B. Schools / Colleges | _____ % | _____ % |
| Apartments | _____ % | _____ % |
| Single Family / Tract Housing | _____ % | _____ % |
| Condos | _____ % | _____ % |
| Custom Homes | _____ % | _____ % |
| SUB-TOTAL: | _____ % | _____ % |

= 100% TOTAL

17. **GROSS RECEIPTS BREAKDOWN BY ALARM & RELATED OPERATIONS:**

| | <u>Receipts Breakdown:</u> | |
|---|--|------------------------|
| | Sales / Installation Service / Repair | Monitoring |
| Fire / Smoke / Heat Detection | \$ _____ | \$ _____ |
| Burglary (Perimeter / Internal / Motion Detector) | \$ _____ | \$ _____ |
| PERS / Panic Button Describe: _____ | \$ _____ | \$ _____ |
| Medical Emergency Pendants Describe: _____ | \$ _____ | \$ _____ |
| Medication Reminder Service | \$ _____ | \$ _____ |
| Carbon Monoxide Detection | \$ _____ | \$ _____ |
| Utility Monitors (HVAC / Water / Gas) | \$ _____ | \$ _____ |
| Water Flow on Sprinkler System | \$ _____ | \$ _____ |
| Temperature Control | \$ _____ | \$ _____ |
| Closed Circuit TV | \$ _____ | |
| Central Vacuum / Home Theater / Intercom | \$ _____ | |
| Interior Tele-Com / Network | \$ _____ | |
| Access Control / Card Key Entry | \$ _____ | |
| Preconstruction Wiring / Conduit | \$ _____ | |
| Other Describe: _____ | | |
| Other Describe: _____ | | |
| SUB-TOTAL: | \$ _____ | TOTAL: \$ _____ |

18. Total Projected Annual Payroll: \$ _____ (excluding Admin., Sales, Clerical)

19. Percent of customers under **YOUR** standard monitoring contract: _____ %
Percent of customers under modified monitoring contracts or contracts of others: _____ %

PLEASE ATTACH COPY OF YOUR STANDARD CUSTOMER CONTRACT OR PURCHASE ORDER.

20. Monitoring Provider: Applicant Other Who: _____

21. Written contract with Monitoring Provider? Yes No

22. Total projected sub costs for monitoring: \$ _____

23. SECURITY RESPONSE

Does Applicant provide security/patrol response to their customers if and when local Police/Fire/EMTs do not respond? Yes No

If Yes, are the responders employees, or are they hired/contracted for this service? _____

If responders are not employees, does Applicant have a written contract with the security company that provides the response? Yes No

If Yes, provide a copy of contract.

Do any employees or subcontractors providing security response carry firearms? Yes No

24. Do you use any subcontractors (other than for monitoring)? Yes No

A. What kind of work is subcontracted? _____

B. Total Projected costs: _____

25. Does Applicant perform any work at facilities where explosives are handled or stored or at nuclear power plants? Yes No

If Yes, describe: _____

State Notices: The following notices are required by the Insurance Department of the indicated states.

WARNING: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ARIZONA APPLICANTS: For your protection Arizona law requires the following statement to appear on this form. "Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

THE UNDERSIGNED DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE INSURANCE, NOR DOES REVIEW OF THE APPLICATION BIND THE INSUROR TO ISSUE A POLICY. IT IS AGREED, HOWEVER, THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

SIGNED BY:

Applicant

Date

Producer

Date