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Alarm Liability Application Section 1-General Information

Applicant Legal Name (Including dba's): _____

Name to appear on company license: _____

Owner: _____

Contact Person/Title: _____

Phone: _____ Fax: _____ Email Address: _____

Mailing Address: _____

Location Address: _____

Company License #(s): _____

Individual: ___ Partnership: ___ Corporation: ___ Other: ___

Number of years in business: _____ FEIN #: _____

Effective date desired: _____ to _____

Limits of Liability

Occurrence: \$ _____

Products/ Completed Operations: \$ _____

Aggregate: \$ _____

****Very Important****

The carrier will not allow a quote to be released until they have reviewed your company's contract. Please return with application. The "limitation of liability" or "liquidated damages" must be legible.

Section II- Total Estimated Annual Revenue

Estimated Revenue for next 12 months (not including monitoring revenue): _____

Estimated monitoring revenue: _____

% of revenue generated by jobs subcontracted to insured companies: _____



Number of technicians not including owner: _____

Annual payroll for technicians not including clerical/admin/owner(s): _____

Revenue for previous 12 months: _____

Owner(s) payroll (only if Field Work is performed by owner(s): _____

Section III – Current Insurance Information

Carrier: _____ Expiration date: _____

General Aggregate: _____ Occurrence: _____

Claim History (Please provide 5 years current valued loss runs):

Prior Year: _____

1st Prior Year: _____

2nd Prior Year: _____

3rd Prior Year: _____

4th Prior Year: _____

Premium: _____

Section IV - Operations

Do you operate in any other states? Yes No

If yes, please list: _____

Operations are:

___ % Fire Alarm ___ % Burglar Alarm ___ % Combination ___ % Home Theater

___ % Medical Alert ___ % Temp. Control ___ % Closed Circuit

___ % Preconstruction Wiring/Conduit ___ % Other

Client Base

___ % Commercial ___ % Apartments ___ % Industrial ___ % Single Family

___ % Institutional ___ % Condos ___ % New Home Builders



** Please describe the type of work being done for New Home Builders i.e. tract homes, condominiums, custom homes. A "tract home" is defined as a development of five or more individual and freestanding houses which share common or similar design elements, floor plans, blueprints and/or architectural details, and/or which are constructed at the same time, or consecutively, on the same parcel, adjacent parcels, or parcels so located within one geographic area to be considered a single project.**

Description:

** If a portion of the work you are doing for new home builders is for tract homes or condos and another portion is for custom homes, please provide percentages for each (must equal 100%)**

Tract homes, Condos, Townhouses: ___ % Custom Homes ___ %

Total number of customers: _____

Number under contract: _____

Do you install alarm or service safety equipment in:

Nursing Homes: Yes No Medical Facilities: Yes No

Correctional Facilities: Yes No Detection Facilities: Yes No

If yes, what percentage of your total work is designated to this? _____

Does your company do its own monitoring? Yes No

If no, please provide the name of monitoring company detection facilities: _____

Section V – Alarm Response

Do you provide security/patrol response to your customers if and when Police/Fire/EMT's do not respond? Yes No

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

Fully describe alarm response procedures:

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



If you have a contract with the security company, is either part holding the other harmless/providing indemnification? Yes No

If yes, provide details:

Do any employees or subcontractors carry firearms? Yes No

Completed by: _____

Title: _____

Date: _____

Signature: _____