

APPLICATION FOR INSURANCE – ALARM FIRMS – FORM SS-1

Name of applicant: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Website address: _____

List Name of all Principals: _____

Contact Name and Tel and Fax #: _____

Years in operation: ____ Member of an association: Yes ____ No ____ If yes, list: _____

Years Experience: _____ Explain: _____

License Number: _____ Any infractions / breaches? Yes ____ No ____ Explain: _____

Are all your employees covered by Workers Compensation? Yes ____ No ____ Explain: _____

Has any insurer declined, cancelled or non-renewed any similar insurance in the past 5 years: Yes ____ No ____

If yes, please provide the insurer and explain _____

Is the applicant new business to the Broker? Yes ____ No ____ How long has the applicant known the Broker? _____

Current Insurer _____ Expiry date: _____ Policy Number _____

Current Limits _____ Current Premium: _____ Current Deductible: _____

Limits Required: _____ Target Premium: _____

Description of Operations or Services: _____

Nature of Work:	Annual Revenue -last 12 months:	Est. Annual Revenue -next 12 months:	Underwriters' use- Calculations:
Alarm Installation			
CCTV, Home Automation, Central Vacuum			
Locksmith			
Misc Electrical, Data /tel cabling			
Alarm Monitoring – Critical areas (temperatures, etc.)			
Alarm Monitoring – Misc.			
Security Guard / Patrol Service / Response			
Armed Guard (any work if employee carrying firearms)			
Crowd Control Work			
Fire Extinguishers Equipment Sales & Service			
Fire Suppression System work			
Consulting Services – Design Services – for a fee			
Other – describe -			
Other – describe -			
Other – describe -			
Total			

Breakdown of your revenue: Residential ____%. Commercial ____%. Industrial ____%. Agricultural ____%

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Described services and amount (\$) provided by sub-contractors _____

Please describe minimum training, experience, licenses _____

Are jobs inspected by a supervisor or foreman: Yes ___ No ___ Name _____

Qualifications _____ Years Experience _____

Do you install only ULC approved equipment: Yes ___ No ___ If no, explain: _____

Do you always follow the manufacturer's instructions: Yes ___ No ___ If no, explain _____

Are both written and verbal operating instructions provided to the customer: Yes ___ No ___

Do you provide any service at airports: Yes ___ No ___

Do you obtain proof of insurance from all your suppliers: Yes ___ No ___

Do you require proof of Insurance from sub-contractors: Yes ___ No ___ If yes, minimum limit required \$ _____

Do your contracts or agreements contain the following clauses:

- Specific description of products or services provided Yes ___ No ___
- Limitation of Liability Yes ___ No ___
- Hold harmless Or indemnity Agreements (if yes, please attach copy) Yes ___ No ___

Do you contract out of consequential/financial loss? Yes ___ No ___ If yes, please attach a copy of your standard contract forms used. (Note: rate credit/surcharge may apply – please provide full information).

Do you advertise or sell any products or services over the Internet: Yes ___ No ___

Do you sell any products or services outside Canada: Yes ___ No ___ If yes, explain: _____

Do you operate vehicles for business not owned or leased in the company name: Yes ___ No ___ Highest value \$ _____

Do you provide services to high profile clients? Yes ___ No ___ Explain: _____

Please provide the following details for all liability claims in the past 5 years **(state none if no claims)**

Date of Claim	Insurer	Amount of Damages	Closed?	Description of Loss

Do you sell monitoring services with the installation of alarms systems; Yes ___ No ___ If yes, estimated revenue \$ _____

Name of firm that does the monitoring: _____

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*****IF THE APPLICANT DOES PROVIDE ALARM MONITORING SERVICES – PLEASE COMPLETE THE FOLLOWING:**

What percentage of your total revenue is derived form monitoring services: _____%

Please provide % split: Residential _____% Commercial _____% Medical _____% Agricultural _____%

Provide % of operations: Paging Services _____% Telephone Answering Service _____%

Emergency 911 _____% Other _____% Please Specify _____

Is your station ULC listed: Yes ___ No ___ If not, is your monitoring system computerized: Yes ___ No ___

Do you have a backup power source: Yes ___ No ___

Is there a training program for operators: Yes ___ No ___ Written procedures for operators: Yes ___ No ___

How many years have you provided monitored station services: _____

The applicant agrees to notify the company of any material changes in the answers to the questions on this questionnaire which may arise during the course of this policy issued and further understands that claims may be denied if information regarding these material changes were not provided.

The purpose of this questionnaire is to assist in the underwriting process. Information contained herein is specifically relied on in determination of insurability. The under-signed, therefore, warrants that the information contained herein is true and accurate to the best of his / her knowledge, information, and belief. This questionnaire and the application shall be the basis of any insurance policy that be issued and will be part of such policy.

A consumer report containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or any renewal, extension or variation thereof. Signing of this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

NOTE: INSURANCE IS NOT IN EFFECT UNTIL BINDER HAS BEEN ISSUED.

Title of Applicant: _____

Signature: _____ Date _____

Brokerage: _____

Broker Contact name: _____ Signature: _____

Broker telephone: _____ Broker fax: _____

Broker email: _____

NOTE: a supplemental questionnaire is required in addition to this form, varying depending on the nature of work performed. Please complete one of the following supplemental forms, which can be obtained from our office:

- Security Guard and Patrol Guard Supplemental
- Private Investigation Firm Supplemental