

MUSIC Alarm Installers Supplemental Application

Applicant's Name _____

Agent Name _____
 Address _____

Mailing Address _____

Proposed Effective Date:
 From _____ To _____

Web Address _____

(12:01 am Standard Time at the address of the Applicant)

Applicant is: Individual Corporation Partnership Joint Venture LLC Other _____

States of Operation _____

Licensed? Yes No

Radius of Operation from main location _____ miles

License Type _____

Years of Experience _____ years

License # _____

Years doing business under current name _____ years

Limits of Liability Requested

Each Occurrence	\$
Personal & Advertising Injury	\$
Products & Completed Operations Aggregate	\$
General Aggregate	\$
Fire Legal (any one premise)	\$
Medical Expense (any 1 person)	\$
Other Coverages, Restrictions, or Endorsements requested:	
Deductible	\$ _____ BI/PD per Claim - LAE

Account Revenue Projections and History

Year	Payroll	Gross Receipts	Sub-Contracted Cost (Including Cost of Materials)
Next 12 Months			
Prior Year			
Prior Year			
Prior Year			

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Account Revenue Projection Breakdown (Show sales, payroll, and subcontracting or project cost for each)

Operation	Payroll	Gross Receipts	Sub-Contracted Cost (Including Cost of Materials)
Burglar Alarm Installation - Residential			
Burglar Alarm Installation - Commercial			
Fire Alarm Installation - Residential			
Fire Alarm Installation - Commercial			
Alarm Monitoring Operation			
Fire Suppression and Automatic Sprinkler Installation or Repair			
Retail Sales of Equipment			
Monitoring, Installation, Servicing or Repair of emergency medical alert systems or nurse call buttons			
Other (please describe)			

Does applicant do any alarm manufacturing? Yes No

Does the applicant sell anything under there own label? Yes No

Does applicant sell any items other than those installed by there own company? Yes No

If yes, please list products and sales: _____

Does applicant do any design work? Yes No

Does applicant design any systems without installing? Yes No

Does applicant do any design work for others? Yes No

Does applicant do any installation of alarms or other equipment in vehicles, watercrafts, or aircrafts? Yes No

Does applicant install alarms at institutional facilities such as health care facilities, prisons, banks, correctional facilities, transportation facilities, or fertilizer/chemical plants? Yes No

Does applicant install fire protection systems in refineries, nuclear power plants or facilities working with explosive materials or is applicant involved with any operations for offshore exposures including gas/oil rigs? Yes No

Does applicant install, service, or repair and/or monitor in or for airports/NASA equipment facilities? Yes No

Does applicant install, service, or repair and/or monitor in or for computer or high tech facilities, including governmental? Yes No

Any armband monitoring of any type and/or home arrest? Yes No

Does applicant have workers compensation coverage in place? Yes No

Does applicant lease employees? Yes No

Does applicant have a training program? Yes No

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- Does applicant subcontract work to others? Yes No
- Does applicant obtain certificates of insurance from all subcontractors? Yes No
- In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to the applicant? Yes No
- Is the applicant aware of any events that have occurred prior to the proposed effective date of this policy that may result in a claim? Yes No

Please list the 3 largest projects you have completed in the last 3 years

Description of Project	Duration	Cost

Prior Carrier Information

	Year:	Year:	Year:	Year:	Year:
Carrier					
Premium					
Deductible					
Premium Base					

Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature _____ **Date** _____

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Agents Signature _____ Date _____