

CoverX

The Coverage Experts
www.coverx.com

29621 NORTHWESTERN HWY.
SOUTHFIELD, MICHIGAN 48034

P.O. BOX 5096
SOUTHFIELD, MICHIGAN 48086

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

Producer: _____

Desert Specialty Underwriters, Inc.
9609B Comanche NE
Albuquerque, NM 87111

Excess & Surplus Lines License No.: _____

Email: _____

Proposed Effective Date: _____

If Renewal, Provide Current Policy No.: _____

ALARM / SAFETY EQUIPMENT 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. Name of contact person for inspection/audit: _____ Telephone No.: _____

4. Applicant is: Individual Corporation Partnership Other (Describe): _____

5. Coverage: _____

6. Limits: _____ Each Occurrence/Aggregate Deductible: _____

7. Operations (use percent %): _____ Alarm _____ Safety Equipment _____ Other: _____

8. How long has Applicant owned this business? _____

9. How many years experience does Applicant have in this field? _____

10. Is Applicant involved in any other operations? Yes No If Yes, please describe: _____

11. Describe the duties of owner: _____

12. Provide the names of Applicant's five largest clients and a description of your duties for them:

13. Signed contract with all customers? Yes No

14. Percent % of customers under standard contract: _____

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

15. Pre-employment Screening Procedure (check applicable):

____ Prior Employment Check ____ Drug Screening ____ Personal Reference ____ Psychological Testing
____ Polygraph ____ MVR ____ Background Check ____ Other

Please describe "Other": _____

16. Training Program Consists of (check all applicable):

____ Written Manual ____ Report Writing ____ CPR ____ On The Job
____ Firearms ____ Use of Force ____ Powers of Arrest ____ Other

Please describe "Other": _____

17. Is the Applicant licensed? Yes No If Yes, please list all licenses: _____

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

If Yes, describe: _____

19. Does Applicant perform any design work? Yes No If Yes, fully describe: _____

20. Describe Trade Association Memberships held: _____

Claim/Loss History: If none, so state. Attach five (5) years currently valued loss runs with application, if available. Verified loss runs required to bind.

Date	Description	Paid Amount	Reserves	Status (Open/Closed)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Describe any additional incidents that have occurred that may result in a claim being made against Applicant. If none, so state:

Policy Information:

Carrier	Policy Period	Limits	Premium	Basis	Deductible
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

Applicant: _____

ALARM COMPANY OPERATIONS – PROVIDE \$ BREAKDOWN OF APPLICABLE OPERATIONS:

Alarm Payroll	Alarm Receipts		Alarm Payroll	Alarm Receipts	
_____	_____	Sales/Distribution	_____	_____	Manufacturing
_____	_____	Installation	_____	_____	CCTV
_____	_____	Service/Repair	_____	_____	Answering Service
_____	_____	Monitoring	_____	_____	Other

Fully describe "Other" operations: _____

Alarms are: _____ % Fire _____ % Combination _____ % Water Flow
 _____ % Burglary _____ % Medical Alert _____ % Temperature Control
 _____ % Other (intercom, etc.)

If Applicant does not monitor alarms, who does? _____

Written contract with monitoring company? Yes No **PLEASE ATTACH COPY OF CONTRACT WITH MONITORING COMPANY**

Fully describe alarm response procedures: _____

SAFETY EQUIPMENT OPERATIONS – PROVIDE \$ BREAKDOWN OF APPLICABLE OEPRATIONS:

Payroll	Receipts		Payroll	Receipts	
_____	_____	Sales/Distribution	_____	_____	Manufacturing
_____	_____	Service	_____	_____	Other
_____	_____	Installation			

Fully describe "Other" operations: _____

Systems are: _____ % Hand Held Extinguishers _____ % Personal/Safety First Aid _____ % Other

Describe other products sold or handled by Applicant (protective clothing, life support, etc.): _____

Identify Manufacturers: _____

Installations at: _____ % Factories _____ % Restaurant _____ % Computer Room
 _____ % Other Describe "Other": _____

PLEASE COMPLETE THE FOLLOWING QUESTIONS FOR ALARM OR SAFETY EQUIPMENT OPERATIONS:

Customers are: _____ % Commercial _____ % Residential _____ % New Construction
 Customers: _____ Number _____ Under Contract \$ _____ Annual Contract Cost
 Are independent contractors used? Yes No \$ _____ Annual Contract Cost
 Does Applicant install or service safety equipment in nursing homes, medical, correctional or detention facilities? Yes No
 Is Applicant covered under Broad Form Vendors coverage by manufacturer? Yes No
 Does the Applicant install safety equipment in buildings over four (4) stories? Yes No

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

Notice to California Insureds

- A) THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NONADMITTED" OR "SURPLUS LINES" INSURERS.**
- B) THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT WHICH APPLIES TO CALIFORNIA LICENSED INSURERS.**
- C) THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
- D) CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINES INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST.**
- E) FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINES" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.**

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 CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME. (Note: This notice is required by New York insurance regulations, but may also be a crime in other states.)

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 FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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
-----------	------	----------	------