



Alarm Installation and Monitoring Questionnaire

(Attach to an Acord Application)

Applicant's name _____				
Address _____				
	Street	City	State	Zip

GENERAL INFORMATION

- 1) How long have you been in business? _____
- 2) Are you a member of any trade organizations? Yes No
If yes, please list. _____
- 3) In what state(s) do you conduct business? _____
- 4) What percentage of your work is: commercial? _____% residential? _____%
- 5) Please indicate the number of employees: Full-time _____ Part-time _____
"Employees" include: Sole proprietors, Partners, Executive Officers, Seasonal employees, Part-time employees, Full-time employees.
- 6) What pre-employment screening is used? Please explain: _____
- 7) PLEASE PROVIDE A COPY OF YOUR CUSTOMER CONTRACT & 5 YEARS CURRENT LOSS RUNS

ALARM INSTALLATION

- 1) Are you a licensed and/or certified alarm installer? Yes No
- 2) Please check the box in front of any installation services that are provided and indicate what percentage that service makes up of the total operation and it's annual payroll:

<input type="checkbox"/> Security / Fire Alarm	_____ %	\$ _____	Annual Payroll
<input type="checkbox"/> Closed Circuit TV	_____ %	\$ _____	Annual Payroll
<input type="checkbox"/> Entertainment Systems	_____ %	\$ _____	Annual Payroll
<input type="checkbox"/> Central Vacuum Cleaners	_____ %	\$ _____	Annual Payroll
<input type="checkbox"/> Computer Components	_____ %	\$ _____	Annual Payroll
<input type="checkbox"/> Vehicle Alarms	_____ %	\$ _____	Annual Payroll *Decline
<input type="checkbox"/> Access Controls	_____ %	\$ _____	Annual Payroll
<input type="checkbox"/> Medical Alert	_____ %	\$ _____	Annual Payroll *Decline
<input type="checkbox"/> Other _____	_____ %	\$ _____	Annual Payroll
- 3) Does the applicant presently or have they ever installed alarms for financial institutions, correctional institutions, or casinos? Yes No
If yes, please provide details: _____



- 4) Is alarm Service or Repair work preformed for financial institutions, casinos, correctional facilities, hospitals, or schools? Yes No
 If yes, please provide details: _____
- 5) Is any work sub-contracted out? Yes No
 If yes, what is the cost? _____
 If yes, what type of work is it? _____
- 6) Is any monitoring work sub-contracted out? Yes No
 If yes, what is the cost? _____
- 7) Do you Inspect, test, or certify alarms installed by others? Yes No
- 8) Do you manufacture or sell alarms and or their components? Yes No
- 9) Do you perform any design work? Yes No
 If yes, please describe: _____

ALARM MONITORING

- 1) Is alarm monitoring, preformed for financial institutions, casinos, hospitals, schools, medical alert, or correctional institutions? Yes No
 If yes, please describe: _____
 What percentage of your work is this? _____ %
- 2) When monitoring, do you have your own runners and/or guards? Yes No
 If yes, do they carry firearms? Yes No
- 3) Do you monitor alarms installed by others before checking their serviceability? Yes No
 If so, please explain: _____
- 4) Is any other type of security service provided? Yes No
 If yes, please describe: _____

IF A QUOTE FOR WORKER'S COMPENSATION* COVERAGE IS BEING REQUESTED
 PLEASE COMPLETE AN ACORD WORKER'S COMPENSATION APPLICATION AND OUR CONTRACTOR'S
 WORKERS COMPENSATION QUESTIONNAIRE
 (*Workers Compensation not applicable in Michigan or Ohio)

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.

Applicant's Signature _____
 Date

Agent's Signature _____
 Date