



ALARM AND FIRE SUPPRESSION RENEWAL APPLICATION

APPLICANT				
1. Renewal of Policy Number				
2. Applicant				
3. Mailing Address				
4. Location Address				
5. Website				
6. Contact Person for Inspection/Audit	Name		Telephone	
	Email			
7. Applicant is	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Describe):			
8. Proposed Policy Term	Effective		Expiration	
EXPOSURES				
9. Estimated Total Annual	Sales	\$	Payroll	\$
10. Annual Sales & Payroll by Class Please breakdown the Total Annual Sales and Total Annual Payroll by Alarm and Fire Suppression classes. The sum of Sales and Payroll must equal the Total Annual Sales and Total Annual Payroll provided in Question 9.				
Alarm Systems (Total Annual)	Sales	\$	Payroll	\$
Locksmith (Total Annual)	Sales	\$	Payroll	\$
Fire Suppression (Total Annual)	Sales	\$	Payroll	\$
11. Employees (Total number)	Full Time		Part Time	
12. Is the monitoring subcontracted out or handled by a third party?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the total cost?				
13. Do your Standard Contracts include Hold Harmless or Indemnification Language?				<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Does the contract include a Liquidated Damages amount?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the amount?				
15. Is there any other work subcontracted out?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the total cost?				
16. Are you and all your employees and/or subcontractors lawfully licensed in the jurisdiction in which you operate?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:				
17. Are there any changes to expiring exposures that are not indicated above?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:				

ADDITIONAL COVERAGE REQUESTED (Check all that apply)	
Additional Insured	<input type="checkbox"/> Individual <input type="checkbox"/> Blanket <input type="checkbox"/> Per Project Aggregate <input type="checkbox"/> Stop Gap
Waiver of Subrogation	<input type="checkbox"/> Individual <input type="checkbox"/> Blanket <input type="checkbox"/> Employee Benefit Liability
Primary Wording	<input type="checkbox"/> Individual <input type="checkbox"/> Blanket <input type="checkbox"/> Hired/Non-owned Auto

OPERATIONS				
New Installation		%	Inspection	%
Retrofit Design		%	Grease/Duct Cleaning	%
Service/Repair		%	Other:	%
			TOTAL	100 %
Approximately what percentage of jobs use CPVC pipe?				%
Are all of your fitters trained on the various cure times for different size pipes?				<input type="checkbox"/> Yes <input type="checkbox"/> No

MARKET SEGMENTS				
Commercial		%	Habitational	%
Restaurants		%	Residential	%
Institutional		%	Computer Rooms	%
			TOTAL	100 %

ALARM SYSTEMS (Disregard if no Alarms)				
Fire/Burglar Alarms		%	Water Flow / Sprinkler Systems	%
Alarm Monitoring		%	Temperature Control	%
PERS Systems		%	Closed Circuit TV	%
Medical Emergency Pendants		%	Smart Home/ Theater/Intercom	%
Medication Reminder Service		%	Interior Tele-Com/Network	%
Medical Alarm Monitoring		%	Access Control/Card Key Entry	%
Carbon Monoxide Detection		%	Preconstruction Wiring/Conduit	%
Utility Monitoring		%	Other:	%
			TOTAL	100 %

FIRE SUPPRESSION SYSTEMS (Disregard if no Fire Suppression)				
Wet/Dry Sprinklers		%	Special Hazards	%
Foam/Chem Systems		%	Portable Extinguishers	%
			TOTAL	100 %

FRAUD NOTICE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA for Commercial Auto Applicants, RI, TN, VA, WA or WV – see Additional Fraud Notices for these jurisdictions below).

ADDITIONAL FRAUD NOTICES

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE 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 may include imprisonment, fines or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS (Does not apply to Commercial Auto Applicants): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO NEW YORK APPLICANTS (Commercial Auto Applicants Only): Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

NOTICE TO PENNSYLVANIA APPLICANTS (Commercial Auto Applicants Only): Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

NOTICE TO TENNESSEE APPLICANTS (Does not apply to Workers Compensation Applicants), VIRGINIA AND WASHINGTON 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.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy:

- 1) the applicant, if located in any state or jurisdiction other than Maine, must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued.
- 2) the applicant, if located in the state of Maine, must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify any quotation or binder that may have been issued. Further the insurer reserves the right to modify, cancel or deny coverage for fraud or material misrepresentation in accordance with 24-A M.R.S. § 2908.

The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

Applicant Name (Printed)

Applicant Title

Applicant Signature*

Date

* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

Producer Name (Printed)

Producer Signature*

* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

* You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.