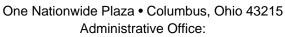
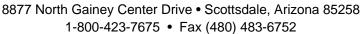
1 SCOTTSDALE INSURANCE COMPANY%









Alarm, Fire Extinguisher & Fire Protection Systems Installation, Servicing or Repair General Liability Application

Applicant's Name	Agent's Name	
Mailing Address	Address	
	PROPOSED EFFECTIVE I	To
Applicant is: θ Individual θ Corpo θ Limited Liability Company	oration θ Partnership θ Joint Venture	ime at the address of the Applicant
LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggrega	ate \$	\$
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	\$
Other Coverages, Restrictions, and/or Endo	prsements	Total
	Deductible \$	\$
A. How long has applicant been in busing B. Is applicant licensed? θ Yes θ No	ness? yrs. Total number of employed from the second	ees
C. Estimated annual A) Payroll \$		ubcontractors \$

D.	Operat	tions of applicant (show sales and payroll for each)	Payroll	Sales				
	1.	Burglar alarms—residential	\$	\$				
	2.	Burglar alarms—commercial	\$	\$				
	3.	Fire alarms—residential	\$	\$				
	4.	Fire alarms—commercial	\$	\$				
	5.	Fire extinguisher	\$	\$				
	6.	Automatic sprinkler systems	\$	\$				
	7.	Inspection and/or cleaning of automatic suppression and duct systems	\$	\$				
	8.	Alarm monitoring operations (If any medical alarm monitoring show separate sales for same.)	\$	\$				
	9.	Monitoring, installation, servicing or repair of emergency medical alert systems or nurse call buttons. Describe:	\$	\$				
	10.	OTHER	\$	\$				
F.	F. Does applicant sell any items other than items which are installed by applicant? θ Yes θ No If yes, provide listing of products sold							
	Sales a	amount for these products?						
G.	Does a	applicant do design work for others? θ Yes θ No If yes, % of operation						
Н.	Does applicant design systems without performing installation? θ Yes θ No θ If yes, % of operation							
I.	Does applicant install alarms, phones, or extinguishing systems in vehicles, mobile equipment, watercraft, or aircraft? θ Yes θ No If yes, explain							
J.	Does applicant install alarms or fire protection systems at institutional facilities such as hospitals, nursing homes, detention or correctional facilities? θ Yes θ No θ If yes, provide details and sales amount							
K.	Does a	applicant perform any filling of oxygen tanks including scuba? θ Yes θ No θ If	yes, % of opera	tion				
L.	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? θ Yes θ No							
М.	Does applicant have Workers' Compensation coverage in force? θ Yes θ No							
N.	Does applicant lease employees? θ Yes θ No							

Pre					LOSSES	LOSSES	
Des	vious In	surer: Indicate pre	mium and losses	for the past three	e years. Describe	e all losses.	
S.	_	•		•	•		ilar insurance to the appl
R.			-			-	ard alarm contract with his
Q.		attach (A) Any de armless agreement	=	_	; (B) Copy of us	ual performance co	ontract with client; (C) An
	Are cer	tificates of insurance	e obtained from AL	L subcontractors?	θ Yes θ No		
Р.	Does a	pplicant subcontra	ct work to others	s? θ Yes θ No	If yes, what t	ype of work?	
	Does a	pplicant have a tra	ining program?	θ Yes θ No	If yes, describe		

	SCHEDULE OF HAZARDS							
Loc. No.	Classification Class. Code	Class.	Premium Bases: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.	Rate		Premium	
		Code			Prem./Ops.	Products	Prem./Ops.	Products

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

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.

FRAUD WARNING:

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.

APPLICANT'S SIGNATURE	Date
AGENT NAME	AGENT LICENSE NUMBER:
(Applicable to F	ilorida Agents Only.)
NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT F	OR INSPECTION/AUDIT
IMPORTAL	NOTICE
	NT NOTICE ————————————————————————————————————
reputation, personal characteristics and mode of living. Upon wr	itten request, additional information as to the nature and scope of the nade. will be provided.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE