

1 SCOTTSDALE INSURANCE COMPANY%



Home Office:
One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:
8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675 • Fax (480) 483-6752

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

Applicant's Name	_____
Mailing Address	_____

Location	_____

Agent's Name	_____
Address	_____

PROPOSED EFFECTIVE DATE:

From _____ To _____
12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify) _____

LIMITS OF LIABILITY REQUESTED

PREMIUMS

General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	\$
Other Coverages, Restrictions, and/or Endorsements		Total
Deductible	\$	\$

A. How long has applicant been in business? _____ yrs. Total number of employees _____

B. Is applicant licensed? Yes No If no, explain _____

C. Estimated annual A) Payroll \$ _____ B) Sales \$ _____ C) Cost of subcontractors \$ _____

D. Operations 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	\$	\$

E. Does applicant do any manufacturing? Yes No

Does applicant sell anything under own label? Yes No

If the answer to either question is yes, please explain _____

F. Does applicant sell any items other than items which are installed by applicant? Yes No

If yes, provide listing of products sold _____

Sales amount for these products? _____

G. Does applicant do design work for others? Yes No If yes, % of operation _____

H. Does applicant design systems without performing installation? Yes No If yes, % of operation _____

I. Does applicant install alarms, phones, or extinguishing systems in vehicles, mobile equipment, watercraft, or aircraft?
 Yes 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? Yes No If yes, provide details and sales amount _____

K. Does applicant perform any filling of oxygen tanks including scuba? Yes No If yes, % of operation _____

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? Yes No

M. Does applicant have Workers' Compensation coverage in force? Yes No

N. Does applicant lease employees? Yes No

O. Does applicant have a training program? Yes No If yes, describe _____

P. Does applicant subcontract work to others? Yes No If yes, what type of work? _____

Are certificates of insurance obtained from ALL subcontractors? Yes No

Q. Please attach (A) Any descriptive or advertising literature; (B) Copy of usual performance contract with client; (C) Any hold harmless agreements executed in favor of client.

R. Does applicant limit his liability to a stated dollar amount (liquidated damages) on his standard alarm contract with his client? Yes No If yes, what is maximum limit allowed? _____

S. During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri) Yes No If yes, explain _____

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

YEAR	COMPANY	POL. #	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

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

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

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