

### Alarm Installation & Monitoring Application

\*\*\*Liquidated damages clause (limit of liability) is required for this program.

Before proceeding, please make sure the insured's contracts contain this clause.\*\*\*

**General Information**

1. Name: \_\_\_\_\_  
Additional Named Insured – please include description of operations for each: \_\_\_\_\_  
\_\_\_\_\_
- Is there at least 51% common ownership between all names?  Yes  No
2. Physical Address: \_\_\_\_\_  
Street City/County/State/Zip
3. Mailing Address: \_\_\_\_\_  
Street City/County/State/Zip
4. Insured Email Address: \_\_\_\_\_
5. Inspection Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Audit Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Claims Contact: \_\_\_\_\_ Phone: \_\_\_\_\_
6. Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_
7. Website: \_\_\_\_\_ FEIN: \_\_\_\_\_
8. Date Established: \_\_\_\_\_ License No. \_\_\_\_\_  
 Sole Proprietor  Partnership  Corporation  LLC  Other: \_\_\_\_\_
9. Policy proposed effective date: \_\_\_\_\_ to \_\_\_\_\_
10. Current coverage expires/expired on: \_\_\_\_\_
11. Deductible:  \$1,000  \$2,500  \$5,000  Other: \_\_\_\_\_
12. Estimated annual a. Sales \$ \_\_\_\_\_ b. Payroll \$ \_\_\_\_\_
13. Does the Applicant participate, or plan to participate, in any owner-controlled insurance program (OCIP)/wrap-up jobs?  Yes  No
14. Operations of Applicant (show sales for each – total shown should equal sales in question 12) Please excluded any OCIP sales:

A	Burglar & fire alarm installation – residential	A	\$
B	Burglar & fire alarm installation – commercial	B	\$
C	Burglar & fire alarm inspection, testing, service, and/or repair	C	\$
D	Burglar & fire alarm monitoring operations	D	\$
E	Nurse call systems installation & monitoring	E	\$
F	Medical alert stand-alone pendants	F	\$
G	Medical emergency alert systems monitoring	G	\$
H	Patient wandering/tracking devices/PERS	H	\$
I	Home detention or penal/correctional/prisons/jail systems	I	\$
J	C.C.T.V. installation/service/repair	J	\$
K	Access control / Card entry systems	K	\$
L	Standard electrical work (120V/240V)	L	\$
M	Higher voltage electrical work (over 240V)	M	\$
N	Audio/Visual and/or Home Theatre	N	\$
O	Central Vacuum	O	\$
P	Locksmith	P	\$
Q	Information Technology (IT) operations	Q	\$
R	Retail sales of equipment	R	\$
S	Fire extinguisher servicing/installation/testing/repair*	S	\$
T	Automatic sprinkler systems servicing/installation/testing/repair*	T	\$
U	Other – Describe: _____	U	\$

*\*If any sales for O or P, please complete our Fire Suppression Supplemental Application found on our website.*

15. If any sales are filled in for F, G, H, or I above, please provide detail: \_\_\_\_\_

16. Does the Applicant currently perform or plan to perform any alarm installation in any of the  Yes  No  
**NEW CONSTRUCTION** housing types listed below?

Condominiums	%
Townhomes	%
Row Houses	%
Tract Home Developments consisting of 10 or more homes	%

17. Does the Applicant perform any work for facilities related to cannabis including those that grow, store, test, handle, manufacture, package, distribute or sell cannabis products?  Yes  No

18. Does the Applicant perform any of the following type of work?

- a. Products or services at or for nuclear facilities  Yes  No
- b. Network Security and Cyber Security  Yes  No
- c. Blockchain Services  Yes  No
- d. Cloud services including Infrastructure-as-a-Service (IaaS), Platforms-as-a-Service (PaaS), and Software-as-a-Service (SaaS)  Yes  No
- e. Data Storage, Data Backup, and Data Restoration  Yes  No
- f. IT consultants or service providers  Yes  No
- g. IT development and mgmt. of IT platforms or software (e.g., UX, UI, software/app developers, etc)  Yes  No
- h. Operation of a "911" emergency response system  Yes  No

19. Does the Applicant currently perform and/or anticipate performing any installation, service, inspection and/or repair of alarm systems aboard aircrafts, automobiles, mobile equipment, boats, yachts and/or food trucks?  Yes  No  
If yes, please describe: \_\_\_\_\_

20. Is the monitoring subcontracted out or handled by a third-party?  Yes  No  
If yes, please indicate annual cost \$ \_\_\_\_\_

21. Is there any other work subcontracted out?  Yes  No  
If yes, please indicate annual cost \$ \_\_\_\_\_  
What kind of work is subcontracted? \_\_\_\_\_

22. Does the Applicant obtain Certificates of Insurance from ALL subcontractors?  Yes  No

23. Is the Applicant added as an additional insured by their subcontractors' policies?  Yes  No

24. Does the Applicant require all subcontractors to carry equal or greater limits of insurance and provide hold harmless status in favor of the insured?  Yes  No

25. Does the Applicant perform any manufacturing?  Yes  No  
If yes, please describe: \_\_\_\_\_

26. If the Applicant has retail sales exposure  
Are all products made and distributed in the U.S.?  Yes  No  
Does the Applicant receive Additional Insured – Vendor coverage from the manufacturer/dealer?  Yes  No  
If no to either of the above two questions, please explain: \_\_\_\_\_

27. Does the Applicant sell anything under its own label?  Yes  No

28. Does the Applicant have their own standard form of contract?  Yes  No

- a. If yes, please **attach a copy of the performance contract with client**
- b. If no, whose contract is signed at installation? \_\_\_\_\_
- c. If yes, does the Applicant ever permit exceptions to its contract language?  Yes  No  
Please explain. \_\_\_\_\_

29. Does the applicant limit their liability to a stated dollar amount (liquidated damages on their standard alarm contract with their client)?  Yes  No
- a. If yes, what is the maximum limit allowed? \_\_\_\_\_
- b. Please **attach a copy of the contract**
30. Does the contract offer the option to buy back coverage?  Yes  No
- a. If yes, what is the maximum limit allowed? \_\_\_\_\_
- b. What percentage (%) of the contracts have higher liquidated damage limits? \_\_\_\_\_%
31. Total number of subscribers:
- a. Including central station subscribers \_\_\_\_\_
- b. Including central station subscribers under contract \_\_\_\_\_
32. Does the Applicant respond to their alarms?  Yes  No  
If yes, are response runners armed?  Yes  No
33. What specific warranties does the Applicant give on an outright sale? \_\_\_\_\_
- 
34. Total Number of Employees:
- |           | Full-Time | Part-Time |
|-----------|-----------|-----------|
| Employees |           |           |
35. Does the Applicant have a training program?  Yes  No  
If yes, please describe \_\_\_\_\_
36. Describe screening procedures for prospective employees: \_\_\_\_\_
- 
37. Does the Applicant lease employees?  Yes  No
38. Has the Applicant been cited for any OSHA violations in the last 3 years?  Yes  No  
If yes, please explain: \_\_\_\_\_

**Additional Coverages (Check all that apply):**

Additional Insureds:

- Ongoing Ops:  Individual  Blanket
- Completed Ops:  Individual  Blanket
- Waiver of Subrogation:  Individual  Blanket
- Primary Wording:  Individual  Blanket

- Per Project Aggregate  Employee Benefits Liability  Stop Gap  Hired/Non-Owned Auto  
Retro Date: \_\_\_\_\_ (Please provide expiring dec for EBL Retro Date)

**CURRENT GENERAL LIABILITY INFORMATION**

1. Please provide name of carriers, premiums paid, limits, sales, deductibles, and loss runs for the past 5 years.

	YR: _____	YR: _____	YR: _____	YR: _____	YR: _____
Carrier					
Premium					
Payroll					
Deductible					
Losses					

2. Has any company canceled or declined to renew in the past 5 years?  Yes  No  
(Not applicable for Missouri accounts or residents.)



16. Do the Applicant's employees drive autos that the Applicant does not own to and from work sites, to or at client locations, or for any other business-related reason?  Yes  No

a. If yes, how many employees drive autos that the Applicant does not own for business purposes? \_\_\_\_\_

17. If the Applicant obtains MVRs, which of the following causes would suspend an employee from driving on behalf of the Applicant?

- |  |   |
|--|---|
| <input type="checkbox"/> One moving violation in past 5 years            | <input type="checkbox"/> One at-fault accidents in past 5 years           |
| <input type="checkbox"/> Two moving violations in past 5 years           | <input type="checkbox"/> Two at-fault accidents in past 5 years           |
| <input type="checkbox"/> Three or more moving violations in past 5 years | <input type="checkbox"/> Three or more at-fault accidents in past 5 years |
| <input type="checkbox"/> Intoxicated driving (DUI/DWI)                   | <input type="checkbox"/> Inactive or suspended license                    |
| <input type="checkbox"/> Other:  |   |

\_\_\_\_\_

18. What is the Applicant's annual cost of hired autos? \_\_\_\_\_

19. What is the annual average mileage per auto? \_\_\_\_\_

### EXCESS

Information Required with Submission (Please attach):

- ACORD Application
- 5 Years Currently Valued Loss Run Statements – include Auto Loss runs

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. With the exception of lienholders, are any vehicles not solely owned by and registered to the Applicant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do over 50% of the employees use autos in the business?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are any vehicles leased to others?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are any vehicles customized, altered, or have special equipment?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do operations involve transporting hazardous material?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are any vehicles used by family members or non-employees?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Does the Applicant have a specific driver recruiting method?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any of the above questions, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## FRAUD WARNINGS

**GENERAL:** 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. **(Applicable in all states other than those listed below. If you are located in one of these states, please take time to review the appropriate warning prior to submitting your application.)**

**ALABAMA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**ARIZONA:** For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**ARKANSAS:** 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.

**CALIFORNIA:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO:** 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.

**DISTRICT OF COLUMBIA: 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.

**FLORIDA:** 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.

**IDAHO:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

**LOUISIANA:** 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.

**MAINE:** 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 a denial of insurance benefits.

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

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

**NEW MEXICO:** 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 CIVIL FINES AND CRIMINAL PENALTIES.

**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.

**OHIO:** 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.

**OKLAHOMA:** 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.

**OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**PENNSYLVANIA:** 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 act, which is a crime and subjects such person to criminal and civil penalties.

**RHODE ISLAND:** 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.

**TENNESSEE:** 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.

**VERMONT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**VIRGINIA:** 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.

**WASHINGTON:** 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.

**WEST VIRGINIA:** 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.

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