

<input type="checkbox"/> New Business
<input type="checkbox"/> RENEWAL

BROWNYARD GROUP

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NOTE: All Questions Must Be Answered



COMMERCIAL GENERAL LIABILITY APPLICATION FOR ALARM COMPANIES

- NAME: _____
(COMPLETE NAME AS IT SHOULD APPEAR ON THE POLICY, INCLUDING INC., CORP., LTD., ETC.)
- Physical Address: _____
NO. STREET CITY COUNTY STATE ZIP
- Mailing Address: _____
NO. STREET CITY COUNTY STATE ZIP
- Policy proposed effective date _____ to _____ (12:01 AM Standard Time at the address above)
- Phone: _____ Fax: _____
- Email: _____ Website: _____
- How did you hear about us? Web surfing Ad in which publication: _____ Other: _____
- Date established: _____ Corporation Partnership Individual Other: _____
- What background do the principals of this organization have in the Alarm Industry?

- Federal ID Number: _____ License Number: _____
- Principal: _____ Title: _____
- Person to contact for Audit: _____ Title: _____
- Names and operations of any subsidiaries and/or related entities

14. Company activities:

Activity	Yes	No	Activity	Yes	No
Install Alarms	<input type="checkbox"/>	<input type="checkbox"/>	Service & Maintain Alarms	<input type="checkbox"/>	<input type="checkbox"/>
Monitor own customers	<input type="checkbox"/>	<input type="checkbox"/>	Monitor for other alarm companies	<input type="checkbox"/>	<input type="checkbox"/>
Intrusion Alarms	<input type="checkbox"/>	<input type="checkbox"/>	Smoke/Fire Alarms	<input type="checkbox"/>	<input type="checkbox"/>
Combination Intrusion/Fire	<input type="checkbox"/>	<input type="checkbox"/>	Temperature	<input type="checkbox"/>	<input type="checkbox"/>
Closed Circuit TV	<input type="checkbox"/>	<input type="checkbox"/>	Access Control (card key, gates, etc)	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguisher Sales & Service	<input type="checkbox"/>	<input type="checkbox"/>	Intercom	<input type="checkbox"/>	<input type="checkbox"/>
Lock & Safe	<input type="checkbox"/>	<input type="checkbox"/>	Personal Emergency Response Systems (PERS)	<input type="checkbox"/>	<input type="checkbox"/>

Other, please describe:

15. List all trade and professional associations to which you belong:

16. Are you U.L. approved? Yes No

17. Describe procedures for investigating and training new employees. Polygraph, fingerprint, police check?

18. Account profile. Answer each question by system type and provide number of accounts for each category

How many	Residential	Commercial
Central Station subscribers do you have?		
Systems do you install each year?		
Local Alarms do you install each year?		
Alarm Systems did you sell last year?		

19. Do you have any monitoring arrangement with an answering service or police/fire departments? Yes No If yes, how many Commercial _____, how many Residential _____

Include copies of all agreements with the monitoring entities.

20. Do you enter into a standard contract with your clients? Yes No If yes, please provide a complete copy of each of your current contract forms.

21. Prior General Liability Information:

a. Please provide the following information for the prior 4 years, in addition to currently valued loss runs for the prior 4 years.

Policy Term				
Insurer				
Premium				
Revenue				
Deductible				
Losses				

b. Has any insurer cancelled or non-renewed your General Liability insurance over the past 5 years? Yes No

If yes, please explain. _____

22. Provide all of the following:

PAYROLL AND EMPLOYEES		This Year	Next Year
Total Annual payroll including executive			
Total number of full time employees			
REVENUES		This Year	Next Year
Outright sales of alarms without contract			
Outright sales of alarms with contract			
Central Station subscriber Fees (If subcontracted, show only retained fees)			
All other alarm income-leases, monitoring service, etc.			
Detective, Guard or Watchmen services			
Other operations (Describe)			
Total Gross Income			

The applicant hereby covenants and agrees that the foregoing statements and answers are a just, full and true exposition and explanation of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the applicant, and the same are hereby made the basis and a condition of the insurance, and a warranty on the part of the insured.

NEW YORK FRAUD CLAUSE The New York Superintendent of Insurance has required that the following language be included on all applications for insurance in the State of New York: Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

ALL QUESTIONS MUST BE ANSWERED IN FULL.
ATTACH SEPARATE PAGES IF NECESSARY. APPLICATION MUST BE SIGNED

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ARKANSAS, LOUISIANA AND NEW MEXICO 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 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 in the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the 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 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.

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: 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 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 facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

NOTICE TO TENNESSEE, 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.

NOTE: THIS APPLICATION MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR CEO OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE.

APPLICANT'S SIGNATURE

TITLE

DATE

APPLICATION MUST BE SUBMITTED BY BROKER

BROKER'S COMPANY

BROKER NAME

WEBSITE

ADDRESS

CITY

STATE

ZIP

TELEPHONE

FAX

EMAIL