



PROGRAM APPLICATION - REQUIREMENTS FOR SUBMISSION

- Pages 1-3 MUST be completed
- Current Loss Information – 4 Years
- Excess – Brownyard Application & Auto Loss Runs
- **Note: All Questions Must Be Answered**
- **Brownyard Application Must Be Submitted by Broker**

Business Type: ☐ New Business ☐ Renewal Policy Number – Renewal Only:
Line of Business: ☐ General Liability ☐ Excess Effective Date:

Interested in: ☐ Auto (Please attach required forms: ACORD 125, 127, 129 and 137)
☐ Property (Attach req. forms: ACORD 125 and 140) ☐ Inland Marine (Attach req. forms: ACORD 125, 146, and 148)

1. Insured Company Name: _____
(Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)
2. DBA(s): _____
(List any and all names insured's company is Doing Business As [DBA] & please list additional named insureds on separate sheet for whom this proposed policy will provide coverage)
3. ☐ Individual ☐ Assoc ☐ Corp ☐ LLC ☐ LLP ☐ Partnership ☐ C-Corp ☐ S-Corp ☐ Sole Proprietor ☐ Joint Venture ☐ Trust
☐ Non-Profit ☐ Other: _____
4. Mailing Address: _____
NO. STREET CITY STATE ZIP
5. Physical Address*: _____
NO. STREET CITY STATE ZIP
(*Attach a list if multiple locations)
6. County: _____ NAICS/SIC Code: _____
7. Business Phone: _____ Fax: _____
8. Company Email: _____ Website: _____
9. Federal ID Number/FEIN: _____ License Number: _____
10. Principal: _____ Title: _____
Direct Phone: _____ Mobile: _____
Email: _____
11. Audit Contact: _____ Title: _____
Direct Phone: _____ Mobile: _____
Email: _____
12. A. Has the principal(s) of this firm previously operated a similar firm under a different name? ☐ Yes ☐ No
B. If yes, please provide the former name: _____
13. Policy proposed effective date: _____ Date established: _____
14. How did you hear about us? ☐ Internet Search ☐ Social Media ☐ Ad in which publication: _____
☐ Email ☐ Word of Mouth ☐ Other: _____
15. Check limit of General Liability desired: ☐ \$300,000 ☐ \$500,000 ☐ \$1,000,000 ☐ Other: _____

BASIC EMPLOYMENT INFORMATION

16. Total number of employees: _____ Full Time: _____ Part Time: _____
17. Describe procedures for training new employees:

18. Pre-Employment Screening:

- | | | | |
|-----------------------------|--|-----------------------------|--|
| Credit Check | <input type="checkbox"/> Yes <input type="checkbox"/> No | Honesty Testing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Driving Record | <input type="checkbox"/> Yes <input type="checkbox"/> No | Personal Interview | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Drug Testing | <input type="checkbox"/> Yes <input type="checkbox"/> No | Physical | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fingerprints | <input type="checkbox"/> Yes <input type="checkbox"/> No | Prior Employer | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Firearm License Check | <input type="checkbox"/> Yes <input type="checkbox"/> No | Psychological Testing | <input type="checkbox"/> Yes <input type="checkbox"/> No |

OPERATIONS INFORMATION

19. What backgrounds do the principals of this organization have in the Alarm Industry:

20. Company activities:

Activity	Yes	No	Activity	Yes	No
Access Control (card key, gates, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Lock & Safe	<input type="checkbox"/>	<input type="checkbox"/>
Closed Circuit TV	<input type="checkbox"/>	<input type="checkbox"/>	Monitor for other alarm companies*	<input type="checkbox"/>	<input type="checkbox"/>
Combination Intrusion/Fire	<input type="checkbox"/>	<input type="checkbox"/>	Monitor own customers*	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguisher Sales & Service	<input type="checkbox"/>	<input type="checkbox"/>	Security Guard	<input type="checkbox"/>	<input type="checkbox"/>
Fire Suppression Services	<input type="checkbox"/>	<input type="checkbox"/>	Service & Maintain Alarms	<input type="checkbox"/>	<input type="checkbox"/>
Install Alarms	<input type="checkbox"/>	<input type="checkbox"/>	Smoke/Fire Alarms	<input type="checkbox"/>	<input type="checkbox"/>
Intercom	<input type="checkbox"/>	<input type="checkbox"/>	Temperature	<input type="checkbox"/>	<input type="checkbox"/>
Intrusion Alarms	<input type="checkbox"/>	<input type="checkbox"/>	Personal Emergency Response System (PERS)	<input type="checkbox"/>	<input type="checkbox"/>
			If yes, please provide description below:		

Other, please describe:

**If yes, please provide a copy (or copies) of standard industry contracts*

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

22. Are you U.L. approved? ☐ Yes ☐ No

23. 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 do you sell each year?		

24. 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.

25. Do you collect, transmit, provide, acquire or scan any biometric data from others? (Biometric data can be defined as retina/iris scans, fingerprint, voiceprint, or scan of hand or face geometry) ☐ Yes ☐ No
- a. If yes, please advise if you collect, transmit, provide, acquire, or scan it and identify the type of biometric exposure (facial recognition, fingerprints, iris scanning, etc.): _____
26. Do you have a written biometric policy in place that complies with the regulations of the states you operate in? ☐ Yes ☐ No If yes, please provide copy.
27. 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.
- a. Do all accounts you provide monitoring services to (even if subbed out) have a signed contract with you? .. ☐ Yes ☐ No
- b. Are any of your accounts under a modified contract where they have changed terms of your standard contract? . ☐ Yes ☐ No
If yes, please provide a copy.
- c. Do all contracts for monitoring services contain: 1) A liquidated damages clause? ☐ Yes ☐ No
2) A 3rd Party Indemnification Clause? ☐ Yes ☐ No
- d. Has the standard contract been reviewed by an attorney? ☐ Yes ☐ No

PRIOR GENERAL LIABILITY INFORMATION

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

Policy #					
Policy Term					
Insurer					
Premium					
Limits of Liability					
Revenue					
Deductible					
Losses					

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

If yes, please explain: _____

29. LIST ANNUAL PAYROLL/REVENUE SEPARATELY BY CATEGORY (Include independent contractors payroll not covered by other insurance)

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 <i>without</i> contract		
Outright sales of alarms <i>with</i> 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 (<i>describe</i>):		
Total Gross Income		

COMMERCIAL EXCESS APPLICATION (only if applicable)

- Expiring Excess policy number (renewal only): _____ Effective Date: _____
- Check limit of liability desired: ☐ \$1,000,000 ☐ \$2,000,000 ☐ \$3,000,000 ☐ \$4,000,000 ☐ \$5,000,000 ☐ Other: _____
- Underlying Insurance *(Please provide us with copies of the underlying declarations pages and 4 years of currently valued loss runs for policies not written through our office)*

Type	Carrier / Policy Number	Effective Date	Expiration Date	Limits		Premium
General Liability				Per Occurrence		
				Aggregate		
Automobile Liability				Combined Single Limit		Total \$
				Bodily Injury		Liability Only:
				Physical Damage		\$
Employers Liability (Workers' Comp)				Each Accident		Required if scheduling auto
				Disease Policy Limit		
				Disease Each Employee		

Underlying Auto Information *(Required if scheduling auto within excess):*

1. Vehicles:

TYPE		Number Owned	Number Non-Owned	Number Leased
Private Passenger				
Trucks	Light			
	Medium			
	Heavy			
	Ex. Heavy			
Buses				

Total Insurance Value for Auto Fleet

2. Use:

- How are vehicles used? _____
- Do autos go outside the US? ☐ Yes ☐ No
- Are any explosives, flammables or other dangerous cargo hauled? ☐ Yes ☐ No
- Are passengers carried for a fee? ☐ Yes ☐ No

3. Drivers:

- Are employees allowed to use their personal vehicles for business use? ☐ Yes ☐ No
- If yes, does the insured confirm that minimum limits of personal auto insurance is carried? ☐ Yes ☐ No
- Are employees allowed to use company vehicles for personal use? ☐ Yes ☐ No
- Can family members drive company vehicles? ☐ Yes ☐ No
- Does the underlying insurance include Hired/Non-Owned Auto? ☐ Yes ☐ No
- Are MVRs checked for all drivers? ☐ Yes ☐ No
- Are MVRs regularly checked during their employment? ☐ Yes ☐ No If so, how often? _____
- If MVR is poor, what corrective action is taken: _____
- Provide a brief explanation of the driver selection process (e.g. age, MVR review, proof of valid driver's license, drivers test, etc.)

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. This request is for a cost-free, premium quotation only. In signing, I understand I am not obligated to purchase this insurance. This application shall not be binding unless and until confirmation by the company or its duly appointed representatives has been given, and that a policy shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a just, full and true exposition, statement 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 conditions of the insurance and a warranty on the part of the insured.

APPLICANT'S SIGNATURE

TITLE

DATE

APPLICATION MUST BE SUBMITTED BY BROKER

BROKER'S COMPANY

BROKER NAME

WEBSITE

ADDRESS

CITY

STATE

ZIP

TELEPHONE

FAX

EMAIL

- **BROKERS:** To submit complete application, please email PDF to info@brownyard.com
- **INSUREDS:** Please save & share with your insurance agent/broker