



Western Heritage
Insurance Company

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

Applicant's Name	_____
Mailing Address	_____

Location	_____

Agent 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		PREMIUM
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
Burglar alarms—residential	\$	\$
Burglar alarms—commercial	\$	\$
Fire alarms—residential	\$	\$
Fire alarms—commercial	\$	\$
Fire extinguisher	\$	\$

D. Operations of applicant (show sales and payroll for each) - cont.	Payroll	Sales
Automatic sprinkler systems	\$	\$
Inspection and/or cleaning of automatic suppression and duct systems	\$	\$
Alarm monitoring operations (if any medical alarm monitoring show separate sales for same.)	\$	\$
Monitoring, installation, servicing or repair of emergency medical alert systems or nurse call buttons. Describe:	\$	\$
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, percent of operation: _____
- H. Does applicant design systems without performing installation?**..... Yes No
If yes, percent of operation: _____
- I. Does applicant install alarms, phones, or extinguishing systems in vehicles, mobile equipment, watercraft, or aircraft?**..... Yes No
- 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, explain: _____
- K. Does applicant perform any filling of oxygen tanks including scuba?**..... Yes No
If yes, percent 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 Worker's 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; and
(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 the maximum 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	Policy No.	Premium	Losses Paid	Losses Reserved	Description

SCHEDULE OF HAZARDS

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.	Rate		Premium	
					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 state 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 person to contact for inspection and/or premium audit purposes _____

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 requests, 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