



**ALARM CONTRACTORS PROGRAM  
SUPPLEMENTAL APPLICATION**

<b>Named Insured:</b> _____	<b>Web site Address:</b> _____
<b>Federal Tax ID:</b> _____	<b>or Owners Social Security Number:</b> _____

**General Information**

Years in business: _____	Years experience: _____
Commercial %: _____	Residential %: _____
Number of Employees: _____	Full time: _____ Part time: _____
Professional Affiliations: _____	

**I. ELIGIBILITY CRITERIA**

1	Do your operations include at least one of the following?				
	Alarm Installation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Alarm Monitoring Stations	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	CCTV (Closed Circuit Television) Installation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Access Control	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Smart Homes <b>Must</b> include Alarm Installations	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2	Do you have the equivalency of two full-time installers/monitors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3	Do your installation monitoring and service contracts limit your liability to a stated amount (liquidated damages)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4	Do all customers sign your contract?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If no, please explain: _____				
5	Do you do Alarm installations for General Contractors (no end user installs)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If yes, what percentage of work: _____ %				
6	Is monitoring done by a UL Listed / Factory Mutual monitoring station?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7	Do you do your own Monitoring?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If no, how much do you pay annually: _____ \$				
8	Do your business operations include:				
	Manufacturing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Fire Suppression System Installation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Guard Service	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Medical Alert - Stand Alone/Pendants	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Nurse Call and/or Medical/Hospital Monitoring	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Fire Extinguisher Service	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Private Investigators	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Elopement Control Systems – Tracking Bracelets	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Installation or monitoring of Industrial Processes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Installation, Service, or Monitoring for Jails, Prisons, or any type of Correctional Facilities	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Provide any type of Home Land security Services (ie: Airports, Nuclear Facilities, Military Bases)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Contract with any Government entities, i.e. DOD, Federal, State, or Local Government, Guard Services, Internet Security	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Please explain scope of work performed, % of total operations and number of jobs per year to any yes answers from #8 above.				

**II. DESCRIPTION OF OPERATIONS**

1	Please indicate services provided by checking Yes or No. If you check Yes, please indicate sales <b>and</b> payroll				
		Yes	No	Sales	Payroll
	Burglar & Fire Alarm Installation/Services	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
	Monitoring of Burglar & Fire Alarms	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
	C.C.T.V. Installation/Service	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
	Access Control Installation/Service	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
	Smart Homes	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
	Lock Smith	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
	Central Vacuum Systems	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
	Telephone Installation	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$



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	Satellite TV Installation (Dishes)	<input type="checkbox"/>	<input type="checkbox"/>	\$		\$	
	Installation or mounting of sprinkler/flow control alarms	<input type="checkbox"/>	<input type="checkbox"/>	\$		\$	
	Medical Alert as part of control panel	<input type="checkbox"/>	<input type="checkbox"/>	\$		\$	
	Other (Please Specify)						
2	Do you sell anything under your own label?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please explain:			
3	Do you service systems that you did not install?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Percentage of your operation			%
4	Do you do design work for others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Percentage of your operation			%
5	Have you or any director, officer, employer or partner ever been subject to disciplinary action as a result of professional services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	If yes, please attach an explanation.						
6	Do you design work for others without performing the installation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Percentage of your operation			%
7	If monitoring services are provided is there a video and/or taped voice back-up system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	If yes, please describe the system in detail:						
8	Does the Applicant employ any response, reset runners, patrol, or key carrier people?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	If yes, please complete the following:						
	Are they uniformed in a guard-like manner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	Do they drive marked patrol-like vehicles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	Do they carry firearms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	Are dogs used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	If yes, please explain:						
9	Are installers/service technicians licensed or certified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	By Whom?			
10	Do you perform background checks on all employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	FBI <input type="checkbox"/>	DMV <input type="checkbox"/>	Fingerprint <input type="checkbox"/>	Local Law Enforcement Agency <input type="checkbox"/>	Prior employers/employment <input type="checkbox"/>		

**III. SAFETY PROGRAM**

1	Do you have a formal written safety program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2	Do you have regular safety meetings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How Often:			
3	Do you conduct regular worksite inspections?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How Often:			
4	Accident investigation program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
5	Employee Drug testing policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How Often:			
6	Incentive program for employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Explain:			

**IV. COVERAGES**

**General Liability**

1	Job site closed off to the public?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2	Employees trained in electrical hazard awareness program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
3	Sub-contracting						
	a. Do you subcontract work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	b. Nature of work sub-contracted:						
	c. Percentage of work sub-contracted:			%			
	d. Do you always require sub to sign written agreement prior to start?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	e. Do you always obtain certificate of Insurance from Sub's with equal to or higher limits than your own?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	If yes, please state limits required:	GL:	WC:				
	f. Do you always require to be listed as an additional insured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	g. Does your written agreement contain indemnification and/or hold harmless wording in your favor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
4	Are you currently or in the past five years, have you done installations for home owner associations, condos, or developers of tract housing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	If yes, please explain:						

**Automobile (Complete only if ACCORDS' are attached)**

1	Employees trained in accident reporting procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2	Any personal use of vehicles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	If yes, please describe:						
3	Do you allow employees to take vehicles home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	If yes, please describe:						
4	Do you follow a scheduled maintenance program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
5	MVR Program:						



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a.	Do you order Motor Vehicle Report for each employee?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Pre-Hire?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Annually?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b.	MVR Evaluation in Effect (e.g. criteria for questionable/poor drivers)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> If yes, attach copy
c.	Disciplinary action for poor drivers?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**Workers' Comp (Complete only if ACORDs are attached)**

1	Do you comply with all OSHA requirements at all worksites?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2	What is the maximum height your employees will work off the ground/floor level	_____		FT	
3	Numbers of jobs per year employees reach this maximum height?	_____			
4	What is the average height your employees normally work at?	_____		FT	
5	What equipment is used to elevate employees? List all.	_____			
6	What is used to prevent injuries from "falls from heights?"	_____			
7	Do you have a ladder safety program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8	Do you have a Return-To-Work Program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
9	Are appropriate safeguards taken, such as wearing eye and face protection?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
10	Do you always require your workers to use OSHA required safety and personal protective equipment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
11	Do you use temporary or part-time workers?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If yes, what training and supervision are they given and to what jobs are they assigned?	_____			

**V. ATTACHMENTS (Please check and attach all applicable material)**

- The following must be attached before a quote can be provided:  
 Alarm Contract Agreement(s) – Please provide sample of all forms used
  - Contracts for each legal entity name the Applicant uses
  - Contracts for purchase, lease, installation, service, and/or monitoring
  - Sub-contractor Contracts
- All other Warranties/Guarantees (if any) provided separately from above Agreements
- Accord applications and four year Loss Runs for all lines of business being submitted
- If auto is being quoted, please provide complete driver's list and current MVR's.

**FRAUD AND APPLICANT'S STATEMENT**

**Countrywide Fraud Statements**

For Utah Applicants Only:

ANY MATTER IN DISPUTE BETWEEN YOU AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF (THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR), A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE COMPANY. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING UPON BOTH YOU AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGEMENT IN ANY COURT OF PROPER JURISDICTION.

**FRAUD WARNING STATEMENTS**

ARKANSAS 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.

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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 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."



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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 OF THE THIRD DEGREE.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH 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.

LOUISIANA 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.

MAINE 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

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.

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 CIVIL FINES AND CRIMINAL PENALTIES.

**NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH 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 MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.**

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.

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.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAYBE VIOLATING STATE LAW.

PENNSYLVANIA 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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.

VIRGINIA 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.

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.



**SIGNING THIS FORM DOES NOT BIND THE APPLICANT FIRM OR THE COMPANY TO COMPLETE THE INSURANCE. APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT FIRM.**

**APPLICANT'S STATEMENT:** I, being duly authorized, have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Kansas: This does not constitute a warranty).

Authorized Signature:		Title:	
Print Name:	_____	Date:	
Producer's Signature:		Title:	
Print Name:	_____	Date:	
Producer's Signature:		Title:	
Print Name:	_____	Date:	

License Identification Number or National Producer Number:  
(Florida Producers must Provide License Identification Number)

First State Insurance Company  
Hartford Accident and Indemnity Company  
Hartford Casualty Insurance Company  
Hartford Fire Insurance Company  
Hartford Insurance Company of Illinois  
Hartford Insurance Company of the Midwest  
Hartford Insurance Company of the Southeast  
Hartford Lloyd's Insurance Company  
Hartford Underwriters Insurance Company  
New England Insurance Company

New England Reinsurance Corporation  
Nutmeg Insurance Company  
Omni Indemnity Company  
Omni Insurance Company  
Pacific Insurance Company, Limited  
Property and Casualty Insurance Company of Hartford  
Sentinel Insurance Company, Ltd.  
Trumbull Insurance Company  
Twin City Fire Insurance Company

Please send all submissions to our Hartford, CT Office as indicated below:

**POST MAIL**

The Hartford  
Specialty Programs  
One Hartford Plaza, T-18-1  
Hartford, CT 06155

**E-MAIL**

[mmprograms@thehartford.com](mailto:mmprograms@thehartford.com)

**FAX**

1-877-905-6236