



Applicant Name:

Address: City: State: Zip:

Phone Number: Applicant's Email:

Requirements to accompany submission:

A copy of client contract(s) (if you offer both installation and monitoring services, there should be a contract for each)

Operations

1. How long have you operated your business?

2. How many years of experience do you have in the alarm service field?

3. Who is your current insurance company?

4. List all claims in last 5 years:

5. What is your annual payroll (please exclude your owner's salary/wage.)? \$

6. Please indicate the number of employees: Full-time: Part-time:

7. Do you use subcontractors? ☐ Yes ☐ No

If yes, do you get certificates of insurance? ☐ Yes ☐ No

If yes, please provide total subcontractor cost: \$

8. Of the below services, please indicate what percentage makes up your total operation:

Burglar Alarm: % Fire Alarm: %

Closed Circuit TV: % Controlled Access: %

Entertainment Systems: % Computer Systems or Components: %

Locksmith: % Other: %

9. The following services are not eligible for coverage under our program. Consult your underwriter if any of the following operations are present:

Vehicle Alarms

Any work for Financial Institutions

Any work for Casinos

Medical Alert Systems

Any work for Correctional Institutions

Any monitoring services for Schools

10. Do you offer any design services? ☐ Yes ☐ No

If yes, please explain:

11. Do you perform any monitoring services? ☐ Yes ☐ No

If yes, what portion of your payroll is for monitoring services?

If yes, do you monitor alarms installed by others? ☐ Yes ☐ No

If yes, do you have guards or runners? ☐ Yes ☐ No

12. Do you use subcontractors for monitoring services? ☐ Yes ☐ No

If yes, what portion of your total subcontractor cost is for monitoring services? \$

13. Do you have a retail operation in which you sell alarms or components? ☐ Yes ☐ No

If yes, what are the gross retail sales?

14. Do you offer alarm inspections or testing? ☐ Yes ☐ No

If yes, do you inspect or test work installed by others? ☐ Yes ☐ No

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL ARE COMPLETE AND TRUE

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits a supplemental or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to criminal and civil penalties. Any changes in your operation must be reported to your agent. (Not applicable in MN, NY, OR, or WA)

Minnesota: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or state claim for each violation.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

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 include imprisonment, fines, and denial of insurance benefits.

Insured's Signature:

Date:

Agents's Signature:

Date:

PRINT

Please submit completed application to your Independent Insurance Agent in electronic or printed format.

Western National Insurance Group

Central Region

4700 West 77th Street, Edina, MN, 55435

Western Region

9706 4th Ave NE, Suite 200 Seattle, WA 98115

www.wnins.com

Umialik Insurance Company

725 E. Firewood Lane, Ste. 500

Anchorage AK 99503

www.umialik.com

Michigan Millers Insurance

2425 E. Grand River Avenue, Lansing, MI 48912

Specialty Insurance Solutions

1600 Aspen Commons Ste 520, Middleton, WI 53562

www.mimillers.com