

**Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752  
 www.scottsdaleins.com

**Alarm Installation, Servicing, Monitoring or Repair  
 General Liability Application**

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Location: \_\_\_\_\_  
 \_\_\_\_\_  
 Web site Address: \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**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): \_\_\_\_\_

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

**Limits Of Liability and Deductible Requested:**

General Aggregate (other than Products/Completed Operations)		\$
Products & Completed Operations Aggregate		\$
Personal & Advertising Injury (any one person or organization)		\$
Each Occurrence		\$
Damage To Premises Rented To You (any one premise)		\$
Medical Expense (any one person)		\$
Electronic Data Liability		<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000
Errors and Omissions Coverage (Available up to the General Liability Limits)	Each Claim	\$
	Aggregate	\$
Lost Key Coverage		\$25,000 (included)
Property Damage Extension (CCC) (Included for limits equal to GL limits up to \$200,000/\$300,000)	Occurrence	\$
	Aggregate	\$
Other Coverages, Restrictions, and/or Endorsements: _____ _____		\$
Deductible		\$

**1. Additional Insured Information:**

Name	Address

**2. How long has applicant been in business?** \_\_\_\_\_ yrs. Total number of employees: \_\_\_\_\_

**3. Is applicant licensed?** .....  Yes  No  
 If no, explain: \_\_\_\_\_

**4. Estimated annual:**

- A) Payroll \$ \_\_\_\_\_
- B) Sales \$ \_\_\_\_\_
- C) Cost of subcontractors \$ \_\_\_\_\_

**5. Advise payroll and sales for each:**

	Payroll	Sales
Burglar alarms—residential	\$	\$
Burglar alarms—commercial	\$	\$
Fire alarms—residential	\$	\$
Fire alarms—commercial	\$	\$
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: _____	\$	\$

**6. 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: \_\_\_\_\_

**7. 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? \$ \_\_\_\_\_

**8. Does applicant do design work for others?** .....  Yes  No  
 If yes, percent of operation: ..... \_\_\_\_\_%

**9. Does applicant design systems without performing installation?** .....  Yes  No  
 If yes, percent of operation: ..... \_\_\_\_\_%

**10. Does applicant install alarms or phones in vehicles, mobile equipment, watercraft or aircraft?.....**  Yes  No  
 If yes, explain: \_\_\_\_\_

**11. Does applicant install alarms in hospitals, nursing homes, transportation facilities, detention or correctional facilities?** .....  Yes  No  
 If yes, provide details and sales amount: \_\_\_\_\_

- 12. Does applicant install or monitor alarms at chemical, fertilizer or petrochemical facilities? .....  Yes  No
- 13. Does applicant install or monitor metal, chemical or explosive detection devices at transportation facilities, federal buildings or post office mailrooms? .....  Yes  No
- 14. Does applicant monitor for home incarceration or pretrial release? .....  Yes  No
- 15. Does applicant have off-shore exposures, i.e., gas and oil rigs, ships? .....  Yes  No
- 16. Does applicant have Workers' Compensation coverage in force? .....  Yes  No
- 17. Does applicant lease employees? .....  Yes  No
- 18. Does applicant have a training program? .....  Yes  No

If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

- 19. Does applicant install, service or repair fire suppression systems? .....  Yes  No
- 20. Does applicant subcontract work to others? .....  Yes  No

If yes, what type of work? \_\_\_\_\_

Are certificates of insurance obtained from ALL subcontractors? .....  Yes  No

- 21. Please attach (A) Any descriptive or advertising literature; (B) Copy of usual performance contract with client; (C) Any hold harmless agreements executed in favor of client.

- 22. 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 maximum limit allowed? \$ \_\_\_\_\_

What percentage of contracts waive the liquidated damages clause? ..... \_\_\_\_\_%

- 23. During the past three years has any company ever canceled, declined or refused to issue similar insurance to the applicant (Not applicable in Missouri)? .....  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

- 24. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? .....  Yes  No

If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

- 25. Does applicant have other business ventures for which coverage is not requested? .....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_  
 \_\_\_\_\_

**26. Schedule Of Hazards:**

Loc. No.	Classification Description	Class. Code	Exposure	Premium Bases (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other

**27. Prior Carrier Information:**

	Year:	Year:	Year:
<b>Carrier</b>			
<b>Policy No.</b>			
<b>Coverage</b>			
<b>Occurrence or Claims Made</b>			
<b>Total Premium</b>			

**28. Loss History:**

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. <input type="checkbox"/> Check if no losses last three years.				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

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.

**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. **Not applicable in Nebraska, Oregon and Vermont.**

**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 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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 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.

**NOTICE TO 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.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company 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 OKLAHOMA APPLICANTS:** 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 RHODE ISLAND 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.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

**FRAUD WARNING 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 stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

**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 request, additional information as to the nature and scope of the report, if one is made, will be provided.