



DCI Insurance and Risk Services

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CA State License No: 0G53213 * National Producer No: 13843931

PROFESSIONAL LIABILITY PROGRAM APPLICATION

- Fire and Burglar Alarm Installer * Repair * Service * Monitor
- Close Circuit Television - Installer
- Telephone Line Installer
- Cable Television and/or Satellite Dish/Television Installer

This is an application for **New Occurrence Basis**, not a claims-made policy.

Please complete the following information about your operation:

First Name M.I. Last Name Contact Name

DBA or Company Name

Business Type: Corporation Partnership Individual Other:

Mailing Address <input type="text"/>			Street Address <input type="text"/>		
City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>

Business Telephone Residence Telephone Cell / Mobile Telephone Fax Number

Do you operate from your residence? Email:
 Yes No Website:

How many years have you been in business under the applicant name:

Additional Locations: *(Please include the addresses of all offices other than the one above.)*

Name of Qualified Principal and/or Partner <input type="text"/>	Tax ID or Social Security # <input type="text"/>	Date Business Established <input type="text"/>	Years of Experience <input type="text"/>
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Brief Details of Experience: Include years in same or attach resume

State License Number <input type="text"/>	Licensed in State <input type="text"/>	Other States Where You Operate <input type="text"/>	<i>Please attach a copy of your license.</i>
Gross Annual Receipts from Your Operation <input type="text"/>	Estimated Gross Receipts for the Next 12 Months <input type="text"/>		

Please attach a copy of your resume

Annual Payroll for Employees *Do not include officers, partners, sole proprietors or clerical.* Annual 1099 Labor - Subcontractors

Are you licensed in all states in which you work? Yes No
 Have any of your licenses to perform the above indicated service ever been suspended or revoked? Yes No
 Do you perform any work or operations other than those usual and customary to the above indicated service? Yes No Page 1 of 4

STAFF

	Full Time	Part Time	⇐ Total number of active staff ⇒	Full Time	Part Time
Owners/Officers/Partners:	<input type="text"/>	<input type="text"/>	Installer, Service, Repair, Monitor:	<input type="text"/>	<input type="text"/>
Clerical:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Other (Explain below):	<input type="text"/>	<input type="text"/>

Are nationwide criminal background checks performed on all prospective employees? Yes No

Do you, or will you, employ anyone who has been convicted of, or pled guilty to any felony or sexual offense? Yes No

Number of employees using their own vehicles in business?

Do you have a training program for employees? Yes No If yes, please describe:

SUBCONTRACTORS / VENDORS

<input type="checkbox"/> <input type="checkbox"/>	Are subcontractors / vendors used?	Number Used	Annual Amount Paid	Type of License (if required)
Yes	No	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> <input type="checkbox"/>	Are they licensed in the state they operate in? If so, what state?	<input type="text"/>		
Yes	No			
<input type="checkbox"/>	Do you use a standard contract with all independent contractors who perform work/services on your behalf?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<input type="checkbox"/>	Are all independent contractors required to carry liability insurance with limits equal to yours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<input type="checkbox"/>	Are all independent contractors required to name you as an additional insured on their liability insurance policy(ies)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<input type="checkbox"/>	Are all independent contractors required by contract to hold you harmless and to indemnify you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

TYPE OF WORK PERFORMED

1. Do you, or do others on your behalf, perform security consultant work other than offering advice on the location and placement of alarm components and lighting (If "Yes", indicate so and attach an explanation) Yes No
2. Do you design or manufacture any alarm components or equipment?..... Yes No
3. Do you, or does anyone on your behalf, perform any work or operations at any jail, prison, bank, nuclear power plant, airport, or military installation? Yes No
4. Do you perform any security operations (other than alarm monitoring, installation, service, or repair)? Yes No
5. Do you offer a hold harmless agreement to any of your clients?..... Yes No
6. Do you install, service, maintain, or monitor any personal medical alarms or medallions? Yes No
7. Do you, or do others on your behalf, provide alarm responders? (other than public police, fire and ambulance services)..... Yes No
8. Do you use a standard contract with all clients for whom you perform alarm installation, service, repair, or monitoring? Yes No
 - 8a. If "yes", does that contract include a liquidated damages clause?..... Yes No
 - 8b. What liquidated damages amount do you specify in your standard contract?
 - 8c. Do you ever agree to a higher liquidated damages amount? Yes No
 - 8d. Does your standard contract contain a hold harmless clause in your favor?..... Yes No
9. Do you, or does anyone on your behalf, install any security device designed, intended, or likely to cause injury or pain to persons who come into contact with the device? Yes No
10. Do you or your employees perform alarm monitoring services? (If "yes", complete 17-21, if "no", do not.)..... Yes No
 - 10a. If "yes", can the audio and visual alert signals be disabled by the alarm monitoring personnel? (question does not apply to re-setting the signals after an appropriate response by monitoring personnel)..... Yes No
11. Do you have at least two monitoring personnel on duty at all times?..... Yes No
12. Does your alarm monitoring equipment create and maintain a record of each time every alarm is armed, disarmed, activated and re-set after an activation?..... Yes No
13. Do you perform alarm monitoring services on behalf of another alarm monitoring company?..... Yes No
 - 13a. If "yes", are you required to name the firm as an additional insured on your general liability policy?..... Yes No
14. Do you give each client the option to either have your monitoring personnel first call the police/fire department upon activation or to have your monitoring personnel first call the client upon activation?..... Yes No
 - 14a. If "yes", do you require the client to make their selection in writing?..... Yes No

<input type="checkbox"/> <input type="checkbox"/>	Do you have a brochure for your business?	
Yes	No	
<input type="checkbox"/> <input type="checkbox"/>	Does your agency and/or you belong to any associations?	<input type="text"/>
Yes	No	If yes, please list association name(s):

CLAIMS / PRIOR INSURANCE

Have any claims been made or suits brought against you during the past five years? If yes, please describe:
 Yes No *Attach statement if necessary. Such statement must be a part of this application.*

Are you aware of any circumstances, alleged error, omission or offense that may be reasonably expected to result in a claim being made against you or any of your business predecessors, subsidiaries or affiliates or against any of the past or present partners, owners, staff or company? *If yes, please attach explanation.*
 Yes No

Have you or any of your business predecessors, subsidiaries, affiliates, past or present partners, owners, officers, staff, or employees been investigated and/or cited by any regulatory agency for violations arising out of your activities?
 Yes No *If yes, please explain in an attached statement. Such statement must be a part of this application.*

Please include any coverage that would have been directly related or would have responded in part to the exposure:

Name of Insurance Carrier	Policy Number	Coverage	Premium	Period (e.g. 02-14-01/02)

Please provide your current carrier information:

Name of Insurance Carrier	Policy Number	Limits: Occur/Aggreg	Premium	Period of coverage

- I have not carried insurance for the past three years.
- This is a a renewal application; prior carrier is listed above.

LIMITS OF LIABILITY / COVERAGE INFORMATION

Limits of Liability	Occurrence/Aggregate Limits <input type="checkbox"/> \$1,000,000/\$2,000,000 <input type="checkbox"/> \$1,000,000/\$5,000,000 <input type="checkbox"/> Other:
Deductible	<input type="checkbox"/> .00 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000

Would you like a separate quote for Workers' Compensation coverage?
 Yes No

Would you like to include Non-Owned & Hired Autos coverage?
 Yes No maximum limit of \$1,000,000 per occurrence

Would you like a separate quote for Business Auto Insurance?
 Yes No maximum Combine Single Limit of \$1,000,000 per occurrence (Combined Single Limit)

Would you like to include Additional Insureds? How many
 Yes No *Please give names and addresses on a separate page.*

Would you like to include Certificates of Insurance? **Certificate holders that are NOT additional Insureds**
 Yes No *Please give names and addresses on a separate page.* How many @ no charge:

Would you like to include Waiver of Subrogation coverage?
 Yes No

Would you like to include Primary Wording coverage?
 Yes No

Would you like to include Terrorism coverage?
 Yes No

Requested Effective Date of this Policy:

FRAUDULENT ACTS NOTICE - PLEASE READ CAREFULLY

For the purpose of this application, the undersigned authorized agent of the persons(s) and entity(ies) proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application, and any attachments, are true and complete. The broker/underwriter is authorized to make any inquiry in connection with this application. Accepting this application does not bind the underwriter to complete, or the applicant to purchase the insurance.

The information contained in and submitted with this application is on file with the broker/underwriter and along with the application is considered physically attached to the policy and will become a part of it. If issued the broker/underwriter will have relied upon this application and attachments in issuing any policy.

If the information in this application or any attachment materially changes between the date of this application and the policy effective date, the applicant will notify the broker/underwriter, who may modify or withdraw any outstanding quotation or agreement to bind insurance.

WARNING: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

This application and any required supplement data must be completed in full in a legible manner. All questions and sections must be completed and the application dated and signed.

Date:

Signature of authorized representative

Title:

Name Phone Number

Individual to contact for inspection / audit:

Additional Comments: Brief Details of Experience * Description of Type of Work Performed * Prior Insurance Claims

NOTICE TO PRODUCERS: The producer hereby warrants that the information contained in this application is true and correct to the best of their knowledge.

Signature of Producing Agent

Date

Agent Name (Type or Print)

License No#

DCI INSURANCE AND RISK SERVICES

WWW.DCI-INSURANCE.COM

a DCI Holdings Inc. company

AUTO • HOME • COMMERCIAL • HEALTH • LIFE • AVIATION



STATEMENT OF NO KNOWN LOSSES OR CIRCUMSTANCES

NAME OF ENTITY OR INSURED

WE(I) WARRANT AND REPRESENT THAT WE(I) ARE NOT AWARE OF ANY REPORT(S) OF OR OCCURENCE(S) OF ANY LIABILITY LOSS(ES), CLAIM(S), OR CIRCUMSTANCE(S) THAT MAY RESULT IN A LIABILITY CLAIM(S) AGAINST YOU OR AGAINST ANY PERSON OR ORGANIZATION FOR WHOM COVERAGE IS SOUGHT BY VIRTUE OF THIS APPLICATION, WETHER SUCH LOSS(ES), CLAIM(S) OR CIRCUMSTANCE(S) WAS COVERED BY INSURANCE OR NOT.

THIS WARRANTY IS MADE AS A CONDITION OF PURCHASING AN INSURANCE POLICY. WE(I) UNDERSTAND THAT IF ANY REPRESENTATION PROVES FALSE AND ANY CLAIM(S) ARE MADE FROM ANY PRIOR PERIOD (PRIOR INSURANCE) THE CURRENT POLICY OFFERED SHALL NOT OFFER ANY COVERAGE OR LEGAL ASSISTANCE AND THE CLAIM SHALL BE DENIED.

SIGNED UNDER PENALTIES OF PERJURY THIS DAY OF 20

APPLICANT OR INSURED SIGNATURE

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PRINT NAME OF APPLICANT OR INSURED

--

TITLE