



Company and DBA : \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ FEIN \_\_\_\_\_

Yrs in business: \_\_\_\_\_ Policy Expiration \_\_\_\_\_ Website: \_\_\_\_\_

Do you have a show room  Yes  No

Are you associated with a dealer program  Yes  No

How did you hear about ARROWHEAD Security & Alarm? \_\_\_\_\_

Tell us more about your business:

Do you offer Employee Benefits?  Yes  No

Would you like a Workers' Compensation Quote? Yes  No

(Workers' compensation lines are quoted through a separate carrier and only available if not quoting through agent.)

Number of Employees: \_\_\_\_\_ Number of Owners: \_\_\_\_\_

Background checks on employees  Yes  No

Do you have/follow a written job safety program  Yes  No

Annual Payroll \_\_\_\_\_ Do Employees respond to site of alarm?  Yes  No

Describe Employee Training and Certification:

Operations:

Indicate the % of Gross sales/receipts by type of operation (total of all services should equal to 100%)

Security/Fire Alarm Installation	_____ %	Locksmith	_____ %
Security/Fire Alarm Maintenance	_____ %	CCTV/Access/ AV/ Smart Home	_____ %
PERS Installation	_____ %	DIY Installation	_____ %
Security and Patrol Services	_____ %	Armed Guards	_____ %
Fire Sprinkler Installation/Repair	_____ %	Hood Vent/Systems Installation/Repair	_____ %
Electrical	_____ %	Other (Describe Below)	_____ %

Describe all Activities in Detail:



# SECURITY & ALARM PROGRAM

For questions or to submit application, contact:  
Whitney Balaun | Cheryl Jones  
SecurityandAlarm@ArrowheadGrp.com

## Monitoring:

(total of all services should equal to 100%)

Non-Medical Monitoring	_____%	Medical Monitoring	_____%
PERS Monitoring	_____%	Other Monitoring	_____%
Describe Other:			

## Revenue/Contracts:

Previous Year Gross Sales: \_\_\_\_\_ Upcoming year Gross Sales: \_\_\_\_\_  
 G/L E&O Premium: \_\_\_\_\_ Name of Carrier: \_\_\_\_\_

Please check any of the following:  Excess  Umbrella  \$1m  \$2m  \$3m  \$4m  \$5m

Number of vehicles: \_\_\_\_\_ Hired/Non-Owned Insurance quote?  Yes  No  
 Subcontract Cost: \_\_\_\_\_ What limits do you require your subs to carry? \_\_\_\_\_

Do your subcontractors sign a written contract that has an indemnity agreement holding you harmless?  Yes  No

How often are contracts signed agreements collected? \_\_\_\_\_%

Are false alarms recorded?  Yes  No

Do your contracts include a limitation of liability/liquidated damages clause?  
 Yes  No

What is the dollar amount of your standard limitation? \$ \_\_\_\_\_

Have you had any claims in the past 3 years?  Yes  No

If yes, please explain:

Please include the following with your application:

1. Copy of all subcontract agreements
2. Certificates of insurance from all subcontractors
3. Sample copies of all customer agreements
4. Loss runs from your prior carrier for the past 3 years (required)

The statements and answers herein are warranted to be true and are made with the knowledge that the Company will act in reliance upon them. This request is designed to solicit information and is not a policy or policy binder on the part of the Applicant, its agency, or the Insurance Company. Any misrepresentations by the Applicant may result in denial of coverage or the cancellation of any subsequently issued policy or policies.

Signature of Owner, Partner or Officer: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

[ArrowheadGrp.com](http://ArrowheadGrp.com)