



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 like a Workers Compensation Quote? Yes No

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 | WBalaun@ArrowheadGrp.com or Cheryl Jones | CJones@ArrowheadGrp.com

Monitoring:

(total of all services should equal to 100%)

Form with fields for Non-Medical Monitoring, Medical Monitoring, PERS Monitoring, Other Monitoring, and Describe Other.

Revenue/Contracts:

Form with fields for Previous Year Gross Sales, Upcoming year Gross Sales, G/L E&O Premium, Name of Carrier, and various checkboxes for insurance details.

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.

Signature of Owner, Partner or Officer: _____

Print Name: _____

Title: _____

Date: _____

ArrowheadGrp.com

ARROWHEAD Security & Alarm | Tol 866.848.9195 | Fax 877.270.9781

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