



SECURITY & ALARM PROGRAM APPLICATION

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

Company and DBA: _____

Contact: _____

Address: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____ FEIN: _____

Years 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 an 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 respon to site of alarm? Yes No

Describe Employee Training and Certification:

OPERATIONS: Indicate the % of Gross sales/receipts by type of operation (total of 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 _____%
Monitoring _____%	Other (Describe Below) _____%

Describe all Activities in Detail:

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

Subcontractor Information:

Annual 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 and name you as additional insured on their insurance? Yes No

Do you obtain certificates of insurance from your subcontractors? Yes No

Contracts with customers:

Percent of customers with signed contracts containing quality protective clauses: _____%

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

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

Are false alarms recorded? Yes No

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) or signed no loss letter

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: _____