



Western Heritage
Insurance Company

**ALARM, FIRE EXTINGUISHER OR PROTECTION SYSTEMS
GENERAL LIABILITY APPLICATION**

Name of Applicant: _____

Mailing Address: _____

Applicant is: Individual Partnership Corporation Other

Policy Period: From _____ To _____

Limits: General Aggregate _____ Each Occurrence _____

Products-Completed Ops _____ Damage To Premises Rented To You _____

Personal & Advertising Injury _____ Medical Expense _____

PLEASE ANSWER ALL QUESTIONS COMPLETELY.

How long has applicant been in business? _____ Yrs. Total number of employees _____

Is applicant licensed? Yes No If no, explain _____

Estimated annual A) Payroll \$ _____ B) Sales \$ _____ C) Cost of subcontractors \$ _____

Operations of applicant (show sales and payroll for each)	Payroll	Sales
Burglar alarms – residential	\$	\$
Burglar alarms – commercial	\$	\$
Fire alarms – residential	\$	\$
Fire alarms – commercial	\$	\$
Fire extinguisher	\$	\$
Automatic sprinkler systems	\$	\$
Inspection and/or cleaning of automatic suppression and duct systems	\$	\$
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	\$	\$

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 _____

Does applicant sell any items other than items which are installed by applicant? Yes No

If yes, provide listing all products sold _____

Sales amount for these products? _____

Does applicant do design work for others? Yes No If yes, % of operation _____

Does applicant design systems without performing installation? Yes No If yes, % of operation _____



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Does applicant install alarms, phones, or extinguishing systems in vehicles, mobile equipment, watercraft, or aircraft?

Yes No If yes, explain _____

Does applicant install alarms or fire protection systems at institutional facilities such as hospitals, nursing homes, detention or correctional facilities? Yes No If yes, provide details and sales amount _____

Does applicant perform any filling of oxygen tanks including scuba? Yes No If yes, % of operation _____

Does applicant install fire protection systems in refineries, nuclear power plants or facilities working with explosive materials or is applicant involved with any operations for offshore exposures including gas/oil rigs? Yes No

Does applicant have Workers' Compensation coverage in force? Yes No

Does applicant lease employees? Yes No

Does applicant have a training program? Yes No If yes, describe _____

Does applicant subcontract work to others? Yes No If yes, what type of work? _____

Are certificates of insurance obtained from ALL subcontractors? Yes No

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.

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? _____

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri) Yes No If yes, explain _____

Prior Carrier information for past 5 years:

Loss History for past 5 years:

Producer: _____ Code: _____ Inspection Contact: _____
Phone No.: _____ Date: _____ Phone No.: _____



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SIGNATURE: _____
Applicant

DATE: _____