

**LEXINGTON INSURANCE COMPANY
ALARM/TELECOMMUNICATIONS PROGRAM APPLICATION**

1. **Company Name and Address (include all entities requesting coverage):**

2. **Address:** _____

3. **Description of Operations** _____

4. **Years in business** _____

5. **Has applicant changed names in the last five years?** _____ **If yes, provide details** _____

6. **Type of ownership:** Corporation Partnership Individual Other _____

7. **What is your average job size/cost?** _____

8. Historical exposures Do not include OCIPS & Wraps	Payroll	Sub Costs	Receipts
Upcoming Year	\$ _____	\$ _____	\$ _____
Current Year	\$ _____	\$ _____	\$ _____
1 st Prior Year	\$ _____	\$ _____	\$ _____
2 nd Prior Year	\$ _____	\$ _____	\$ _____

9. **Applicant works as a sole contractor** _____% **general contractor** _____% **sub contractor** _____%

10. **If your upcoming receipts are greater than \$3,000,000, please list the five largest clients for your company in the last 5 years:**

	Client Name	Approximate revenue
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

11. Indicate scope of operations (must equal 100%):

	<u>Installation, Service & Repair</u>	<u>Monitoring By You</u>	<u>Monitoring Subcontracted</u>	<u>Sales Only No Installation</u>
Burglar Alarm	_____	_____	_____	_____
Fire Alarm	_____	_____	_____	_____
Fire Suppression	_____	_____	_____	_____
Water Flow	_____	_____	_____	_____
Medical Monitoring	_____	_____	_____	_____
Phone Networks	_____	_____	_____	_____
Internet Connection	_____	_____	_____	_____
Wireless Communication	_____	_____	_____	_____
Cable Connection	_____	_____	_____	_____
CCTV	_____	_____	_____	_____
Two Way VDT	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

12. Indicate the percentages of work performed:

	<u>New Construction</u>	<u>Remodel/Repair</u>	<u>Outside buildings</u>
Airports	_____	_____	_____
Apartments	_____	_____	_____
Condos/Townhomes	_____	_____	_____
Commercial	_____	_____	_____
Custom Homes (non Tract)	_____	_____	_____
Hospitals/Healthcare	_____	_____	_____
Jails/Justice	_____	_____	_____
Manufacturing/Industrial	_____	_____	_____
Tract (over 10 homes)	_____	_____	_____

13. Do you provide monitoring services either subcontracted or direct? Yes, see questions below. No, go to question 14.

- a. # of clients _____ commercial _____ residential
- b. local alarm _____% central station _____%
- c. direct monitoring _____% subcontracted monitoring _____%

- d. How many security guards do you employ/subcontract? _____ Full Time _____ Part time
Are they armed? _____
- e. How many runners do you employ/subcontract? _____ Full Time _____ Part time
Are they armed? _____
- f. Are false alarms recorded? _____
- g. If you subcontract monitoring services, are you named as additional insured on all subcontractors policies? _____ Are your subcontractors providing you certificates of insurance? _____ What limits of liability do you require your subs to carry? _____ Please attach a copy of the certificate of insurance naming applicant as an additional insured. Do you require your subcontractor to sign a written contract, containing an indemnity agreement, holding you harmless? _____ Please attach a copy of this written contract.
14. Does your standard contract include a limitation of liability/liquidated damages clause? _____
What is dollar amount of your standard limitation? _____ Can customers purchase an increased dollar amount? _____ What is the maximum dollar amount that you will agree to? _____
Please attach a copy of your standard contract.
15. Do you do any design or consulting work beyond maps, shop drawings, opinions, reports, surveys, field orders, change orders, or drawings and specifications in connection with construction work performed by you or on your behalf? _____ If yes, please explain _____
16. Are all products used UL or Factory Mutual approved? _____
17. Do you sell or manufacture products under your own label? _____
18. How many employees do you have? Part Time _____ Full Time _____
19. Are employees given pre employment physicals? _____ Drug tests? _____ Are background Checks done? _____
20. Does your firm have a written job safety program? _____ Do you conduct tailgate meetings? _____
If yes, how often? _____ Do you video or photo job site before commencement? _____
21. In the past 3 years has your General Liability insurance been cancelled or non renewed? _____ If yes, please provide details? _____
22. Loss History: (Describe all claims in the past 5 years/attach a separate sheet if necessary)

Year	Nature of Claim	Reserve Amount	Paid Amount	Date Closed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

23. Current Coverage: Carrier: _____ Policy Term _____ Premium: _____

Is professional liability coverage included? _____

Do you purchase business auto coverage? _____

23. Please attach the following: 1. If you have more than \$3,000,000 please attach a current work in progress schedule (job, description, cost), 2. Five years currently valued (within 90 days of the effective date) hard copy Company loss runs, 3. Specific details of any claim in excess of \$10,000, 4. Copy of any marketing brochures that you provide your clients.

PART II OPTIONAL UMBRELLA COVERAGE SECTION

Auto Liability:

1. Carrier: _____

2. Limits: 1mm CSL _____ Other: _____ Premium: _____ Term: _____

3. Auto Exposure:

<u>TYPE</u>	<u>NUMBER</u>	<u>RADIUS</u> (L=LOCAL 0-50; I = INTERMEDIATE 51-100; LH = OVER 100)
PPT	_____	_____
VAN/P/U	_____	_____
LT TRK	_____	_____
MED TRK	_____	_____
HVY TRK	_____	_____
OTHER (EXPLAIN)	_____	

#of Vehicles hauling explosives: _____

4. Automobile Loss History (Please attach a description of any claims in excess of \$25000):

YEAR	# OF CLAIMS	PAID	RESERVES	TOTAL
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

Employers Liability:

(completed for each State)

Carrier: _____

Limits: Each Occurrence: _____

OD ea employee: _____

OD Policy Agg.: _____

Policy Term: _____

PART III OPTIONAL PROPERTY COVERAGE SECTION

BUILDING & PERSONAL PROPERTY, BUSINESS INCOME, INLAND MARINE COVERAGE

PREMISES NO. 01 / BUILDING NO. 01:

A.

SUBJECT OF INSURANCE	AMOUNT	COINS % CAUSE OF LOSS	VALUATION INFLATION GUARD	DEDUCTIBLE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B.

CONSTRUCTION TYPE:

Wood Frame: _____ Brick/Metal: _____ Fire Resistive: _____

PROTECTION CLASS (1-10): _____

ADJACENT EXPOSURES:

Left Exposure & Distance: _____ Right Exposure & Distance _____

Rear Exposure & Distance _____

BURGLAR / FIRE PROTECTION:

Burglar Alarm Type: _____ Central Station: Yes _____ No _____

Fire Protection:

Type (Sprinklers, Standpipe, CO2/Halon) _____ Manufacturer _____

% Of area covered _____

C.

ARE LOSS CONTROL / HOUSEKEEPING MEASURES USED? Yes ____ No ____ (If yes, please explain) _____

**** (FOR ADDITIONAL LOCATIONS, PLEASE ATTACH A SEPARATE SCHEDULE)****

INLAND MARINE COVERAGE, FOR CONTRACTOR'S EQUIPMENT:

TOTAL VALUE OF ALL CONTRACTOR'S EQUIPMENT \$ _____
(REQUIRED: PLEASE ATTACH A SCHEDULE OF ALL EQUIPMENT TO BE COVERED)
ADDITIONAL INTERESTS:

Name & Address:

Type of Interest: _____ Certification Required (if any): _____

PLEASE INCLUDE ACORD APPLICATION IF NECESSARY

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 the cancellation of any subsequently issued policy or policies.

Signature of Owner, Partner or Officer: _____
Title: _____
Date: _____

NOTICE TO ARKANSAS APPLICATIONS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

NOTICE TO FLORIDA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."

NOTICE TO KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME."

NOTICE TO MINNESOTA APPLICANTS: "A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW YORK APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR

INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.”