

ALARM AND FIRE PROTECTION SYSTEM FIRM

(Required in addition to the "APPLICATION FOR GENERAL LIABILITY INSURANCE - PROTECTION SERVICES" form)

Breakdown of your revenue: Residential ____% Commercial ____% Industrial ____% Agricultural ____%

Do you provide any service at airports: Yes No

Please describe minimum training or experience: _____

Does firm and employees carry appropriate licenses: Yes No List: _____

Are jobs inspected by a supervisor or foreman: Yes No Name: _____

Qualifications: _____ Years Experience _____

Do you install only ULC approved equipment: Yes No If no, explain: _____

Do you always follow the manufacturer's instructions: Yes No If no, explain: _____

Are both written and verbal operating instructions provided to the customer: Yes No

Do you sell monitoring services with the installation of alarms systems: Yes No If yes, estimated revenue \$ _____

Name of firm that does the monitoring: _____

Do you obtain proof of insurance from all your suppliers: Yes No

*****IF THE APPLICANT DOES PROVIDE ALARM MONITORING SERVICES – PLEASE COMPLETE THE FOLLOWING:**

What percentage of your total revenue is derived from monitoring services: ____%?

Please provide % split: Residential ____% Commercial ____% Industrial ____% Agricultural ____%

Provide % of operations: Paging Services ____% Telephone Answering Service ____% Emergency 911 ____%

Other ____% Please Specify: _____

Is your station ULC listed: Yes No If not, is your monitoring system computerized? _____

Do you have a backup power source: Yes No

Is there a training program for operators: Yes No Written procedures for operators: Yes No

How many years have you provided monitored station services: _____

The applicant agrees to notify the company of any material changes in the answers to the questions on this questionnaire which may arise during the course of this policy issued and further understands that claims may be denied if information regarding these material changes were not provided.

The purpose of this questionnaire is to assist in the underwriting process. Information contained herein is specifically relied on in determination of insurability. The under-signed, therefore, warrants that the information contained herein is true and accurate to the best of his / her knowledge, information, and belief. This questionnaire and the application shall be the basis of any insurance policy that be issued and will be part of such policy.

A consumer report containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or any renewal, extension or variation thereof. Signing of this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

NOTE: INSURANCE IS NOT IN EFFECT UNTIL PREMIER HAS ISSUED A BINDER.

Applicant Signature: _____ Date: _____

Broker Signature: _____ Date: _____

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