



Please select Coverages to be Quoted and appropriate Acord applications:		
General Liability <input type="checkbox"/>	Workers Comp <input type="checkbox"/>	Property <input type="checkbox"/>
Excess/Umbrella <input type="checkbox"/>	Auto Liability <input type="checkbox"/>	Inland Marine <input type="checkbox"/>
Employee Dishonesty / Fidelity <input type="checkbox"/>		

**SEND SUBMISSIONS TO:**

[bpsubmission@brownyardprograms.com](mailto:bpsubmission@brownyardprograms.com)

Producer: \_\_\_\_\_  
 Producer Is:  Wholesaler  Retailer  
 Email: \_\_\_\_\_  
 Proposed Effective Date: \_\_\_\_\_  
 If Renewal, Provide Current Policy No.: \_\_\_\_\_

**ALARM AND FIRE SUPPRESSION APPLICATION  
COMMERCIAL GENERAL LIABILITY**

**Application Requirements:**

FULLY COMPLETED APPLICATION:

If additional space is needed, please use your firm's letterhead.  
 Application must be Dated and Signed by Insured.

LOSS RUNS:

We require five years of recently valued loss runs.

STANDARD CONTRACTS

Please supply copies of all standard contracts.

**Financial Information Requirements:**

a. Profit/Loss Statement; or

b. Page one of Corporate Tax Return.

Our programs are rated on either Annual Sales/Receipts or Payroll.  
 Please supply documentation.

**For Start-Ups:** 1. Fully completed application; 2. Resume of the owner; 3. Pro-forma financial statement or business plan; and 4. Copies of all standard contracts.

1. Applicant (as it should appear on the policy): \_\_\_\_\_
2. Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Mailing Address (if different from above): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Additional locations (if any):  
 a. \_\_\_\_\_  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_

If additional space is necessary, please provide on additional page.

**Please help us keep our records up-to-date. If it is possible that we have your company listed in our files under a different name or address, please write the old name and address here:**

3. Web-Site Address: \_\_\_\_\_
4. Contact person for inspection/audit (Name and Title): \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_
5. Applicant is:  Individual  Corporation  Partnership  Other (Describe): \_\_\_\_\_

6. Business Information:

- a. Years In Business under this name: \_\_\_\_\_ Years experience in this field: \_\_\_\_\_
- b. Is Applicant involved in any other operations? \_\_\_\_\_  Yes  No  
If Yes, please describe: \_\_\_\_\_
- c. Please list names of the Owner(s)/Principals: \_\_\_\_\_
- d. Any other states of operations? \_\_\_\_\_
- e. Is the Company a division of a larger corporation or a subsidiary?  Yes  No  
If yes, please explain: \_\_\_\_\_
- f. FEIN#: \_\_\_\_\_ License #(s) \_\_\_\_\_
- g. Is Applicant a member of any Security, Alarm, Monitoring, or Trade Associations?  
 Yes  No  
If Yes, please list: \_\_\_\_\_

7. Provide the names of Applicant's five largest clients and a description of your duties for them:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

8. Does your company have the following in place:

- a. A written drug and alcohol policy?  Yes  No
- b. Criminal background checks?  Yes  No
- c. A designated safety coordinator?  Yes  No
- d. Prompt reporting of all incidents and employee injuries?  Yes  No
- e. A formal accident review & investigation program?  Yes  No
- f. Any group transportation involved?  Yes  No
- g. Transitional duty/light duty program in place for injured workers?  Yes  No
- h. Physicals required at time of hiring?  Yes  No
- j. Company sponsored health insurance plans offered?  Yes  No
- k. Personal Protective Equipment provided to employees?  Yes  No
- l. Regularly scheduled safety and training meetings?  Yes  No

9. Employee Selection and Training (check all applicable):

- a. Pre-employment Screening Procedure (check all applicable):
  - Prior Employment Check  Personal Reference  Psych Testing  Background Check
  - Drug Screening  MVR  Other: \_\_\_\_\_
- b. Training Program Includes (check all applicable):
  - Written Manual  Report Writing  CPR  On the Job
  - Firearms  Use of force  Powers of Arrest  Other: \_\_\_\_\_

c. Training – Please describe how field employees are trained (i.e., on-the-job, formal training program):

\_\_\_\_\_

d. Please indicate all trade memberships held by your company:

\_\_\_\_\_

e. Are you and all of your employees and/or subcontractors lawfully licensed in the jurisdictions in which you operate?  Yes  No

If no, please explain: \_\_\_\_\_

f. What background do the principals of this organization have in public or private law enforcement/security? \_\_\_\_\_

g. Officer Training – If required by the state, how many hours does the Applicant participate in annually?  
 8 hrs or less  8-15 hrs  15-30 hrs  30 hrs or more  training is not required by the state

10. Number of Employees and Contractors (include yourself):

Classification	Full Time	Part Time	Total# Staff	Annual Payroll	Annual Sales
Executive/Clerical/Sales				\$	\$
Supervisors				\$	\$
Alarm Installer/ Service/ Repair				\$	\$
Alarm Monitoring				\$	\$
Alarm Response				\$	\$
Fire Suppression				\$	\$
Independent Contractors for Alarm install / service / repair				\$	\$
Independent Contractors for Alarm monitoring				\$	\$
Independent Contractors for Fire Suppression				\$	\$
Independent Contractors for Alarm Response				\$	\$
Other (describe)				\$	\$
<b>Total</b>				\$	\$

**11. ALARM OPERATIONS** (Operations must equal 100%):

Construction Type	New Construction	Rehab/Retrofit/ Service/Repair
Commercial	%	%
Manufacturing/ Industrial	%	%
Institutional Facilities Medical / Penal	%	%
Institutional Facilities Schools / Colleges		
Apartments	%	%
Single Family / Tract Housing (over 10 homes)	%	%
Condominiums	%	%
Custom Homes	%	%
<b>TOTAL</b>	<b>100%</b>	
Operations	Sales/Installation/ Service/Repair	Monitoring
Fire/Smoke/ Heat Detection	%	%
Burglar (Perimeter / Internal / Motion Detection)	%	%
Personal Emergency Response System (PERS)	%	%
Medical Emergency Pendants	%	%
Medication Reminder Service	%	%
Carbon Monoxide Detection	%	%
Utility Monitors (HVAC / Water / Gas)	%	%
Water Flow on Sprinkler Systems	%	%
Temperature Control	%	%
Closed Circuit TV	%	%
Central Vacuum / Home Theater / Intercom	%	%
Interior Telecom / Network	%	%
Access Control / Card Key Entry	%	%
Preconstruction Wiring / Conduit	%	%
Other - description:	%	%
<b>TOTAL</b>	<b>100%</b>	

12. Percent of customers under YOUR standard contract: \_\_\_\_\_%
- a. Percent of customers under modified contracts or contracts of others: \_\_\_\_\_%
13. Monitoring Provider:  Applicant  Other Who: \_\_\_\_\_
14. Written contract with Monitoring Provider?  Yes  No
15. Total projected cost for subcontracted monitoring: \$ \_\_\_\_\_
16. Does Applicant perform any design work for a fee (not associated with your installation)?  Yes  No  
 If Yes, fully describe: \_\_\_\_\_

17. Does Applicant provide security/patrol response to their customers if and when local Police/Fire/EMTs do not respond?  Yes  No
18. If Yes, are the alarm responders employees, or are they hired/contracted for this service?  Yes  No
19. If responders are not employees, does Applicant have a written contract with the security company that provides the response? (If Yes, provide a copy of contract.)  Yes  No
20. Do any employees or subcontractors providing security response carry firearms?  Yes  No

21. **FIRE SUPPRESSION ACTIVITIES** (Operations must equal 100%):

Operations	Percentage	Market Segments	Percentage	Systems	Percentage
New Installation	%	Commercial	%	Wet/Dry Sprinklers	%
Retrofit Design	%	Restaurants	%	Foam/Chemical Sprinklers	%
Service/Repair	%	Institutional	%	Special Hazards	%
Inspection	%	Habitational	%	Portable Extinguishers	%
Grease/Duct Cleaning	%	Residential	%		
Other:	%	Computer Rooms	%		
TOTAL:	%		%		%

	Current Year	Last Year	Prior Year	2 Years Prior
<b>Receipts:</b>	\$	\$	\$	\$
<b>Total Payroll:</b>	\$	\$	\$	\$

22. Percentage of jobs including:  
 Fire Pumps \_\_\_\_% Foam \_\_\_\_% Gas/Chemical \_\_\_\_% Fire Hydrants or Stand Pipes \_\_\_\_%  
 Other \_\_\_\_% Please describe \_\_\_\_\_

23. Approximately what percentage of jobs use CPVC pipe? \_\_\_\_%  
 Are all of your fitters trained on the various cure times for different size pipes?  Yes  No

24. If residential work is not currently done, please indicate the last year that residential work was done: \_\_\_\_\_

25. Does Applicant install, service, or repair fire suppression systems aboard aircrafts, automobiles, mobile equipment, or boats?  Yes  No  
 If yes, please describe: \_\_\_\_\_

If no, does Applicant anticipate performing such work in the future?  Yes  No

26. Does Applicant fill any type of oxygen tanks?  Yes  No

27. If retrofit work is done, do the job proposals and contracts include an absolute clause mandating the removal of asbestos by a third party prior to work commencement?  Yes  No

28. Does the Applicant install systems in buildings over four (4) stories?  Yes  No
29. Does the Applicant manufacture any fire protection equipment?  Yes  No
30. Does the Applicant sell any type of product including protective clothing or life support equipment?  Yes  No
31. Is the Applicant covered as Additional Insured under Vendors coverage by manufacturer?  Yes  No
32. Does Applicant design fire suppression / extinguishing systems? If yes, answer the following:  Yes  No
- a. Are employees with Level III or IV Certificates used?  Yes  No
  - b. Is there a licensed and /or registered Professional Engineer (P.E.) on staff?  Yes  No
    - i. Does the P.E. stamp and seal their own plans?  Yes  No
    - ii. Does the P.E. stamp and seal plans for outside firms?  Yes  No
  - c. Are outside firms used for design work?  Yes  No
 

If yes, what percent of total design? \_\_\_\_\_%
  - d. Does Applicant do any design work for other firms?  Yes  No
 

If yes, what percent of work is done for others and describe: \_\_\_\_\_
33. Does the plan owner or draftsman approve any changes to the specifications?  Yes  No
34. Does the insured management job foreman approve any changed to the specifications?  Yes  No
35. Does Applicant prepare drawings for suppression system installations?  Yes  No
- If yes, describe how such drawings are checked for compliance with specifications of the system and the local building and life safety codes: \_\_\_\_\_
- 
36. Are detailed records kept on all jobs? If yes, answer the following:  Yes  No
- a. Records contain:  type of work performed  replaced or recharged parts  materials used  
 dates when system was activated
  - b. How long are records kept? \_\_\_\_\_
  - c. Are duplicate records kept at another location?  Yes  No
  - d. Does Applicant use electronic field inspection system?  Yes  No
37. Describe any fuels, chemicals, or other hazardous materials stored a the jobsite, how they are stored / protected, and spill prevention methods: \_\_\_\_\_
-

38. Please list the Applicant's General / Professional Liability Insurance Coverage carried during the past three (3) years, including any periods without coverage.  (check here if Applicant has no prior coverage)

Name of Insurer	Policy Period From: MM/DD/YY To: MM/DD/YY	Limits of Liability	Deductible/ Retention	Premium

Has prior insurance ever been cancelled or non-renewed by the carrier?  Yes  No

If yes, please provide details. \_\_\_\_\_

39. Over the past (5) five years, has any professional or general liability claim or suit ever been made against the Applicant or any of its predecessor firms, past or present owners, officers, partners, members, employees or solicitors, or to the knowledge of the Applicant, in behalf of its predecessors in business within the last 5 years?

Yes  No

List details of all claims over \$2,500 if any? (If "yes", please complete and attach loss runs)

Date of Loss	Description of Loss	Incurred Loss Amount Incl. Expenses	Status

## FRAUD NOTICE

ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA, VT, WA or WV – See Additional Fraud Notices for these States Below).

### ADDITIONAL FRAUD NOTICES

**NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:** 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 ARIZONA APPLICANTS:** For your protection Arizona law requires the following statement to appear on this form. “Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.”

**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 claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**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 MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 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 MEXICO APPLICANTS:** 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 civil fines and criminal 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, or 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.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.



**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 PENNSYLVANIA 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 or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Applicant Title

\_\_\_\_\_  
Applicant Signature\*

\_\_\_\_\_  
Date

\* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

**PRODUCER INFORMATION:**

\_\_\_\_\_  
Producer Name (Printed)

\_\_\_\_\_  
Producer Signature\*

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency Code

\_\_\_\_\_  
License Number

\* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

\* You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.