

ALARM INSTALLATION OR MONITORING QUESTIONNAIRE

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____

Website: _____

PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "YES," you are not eligible for coverage.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you manufacture or design alarm or fire extinguishing/suppression systems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you install, repair, or service fire extinguishing/suppression systems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the applicant provide alarm response service? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you provide alarm installation or monitoring for the following: | | |
| a. Detention or Correctional Institutions: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Banks or other financial institutions: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Hospitals or other medical facilities: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Medical Alarm: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Nursing homes, residential care or assisted living facilities: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Refineries, electrical, natural gas or nuclear power plants or other facilities working with explosive materials: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Offshore exposures including gas/oil rigs: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Railroad stations or airports: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Vehicle or watercraft alarm installation: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you work on new residential construction, track housing, townhomes or condos in any of the following states: AL,AZ,CA,CO,LA,MS,NV,NM,NY,OR,TX,UT,WV? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

INSTALLATION QUESTIONS

- | | |
|---|---|
| 1. How many years of experience does the applicant have in installing alarms? | _____ |
| 2. Type of alarms installed: | <input type="checkbox"/> Security <input type="checkbox"/> Fire <input type="checkbox"/> Other: _____ |
| 3. Are all alarms and products used UL approved or labeled? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

MONITORING QUESTIONS (COMPLETE IF APPLICABLE)

- | | |
|--|--|
| 1. For what types of businesses are alarms monitored: | _____ |
| 2. Does the applicant subcontract any monitoring services? | <input type="checkbox"/> Yes <input type="checkbox"/> No |



Capitol Indemnity Corporation
 Capitol Specialty Insurance Corporation
 Platte River Insurance Company

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature

Title

Date

Producer Signature

Date