



Mt. Hawley Insurance Company
A Subsidiary of RLI Insurance Company

9025 N. Lindbergh Drive
Peoria, IL 61615
www.rlisecurity.com

**General Liability
Insurance Application For
Alarm/Electronic Security Installation & Monitoring**
(Submissions email: security.subs@rlicorp.com)

General Information

1. Name _____
2. Physical address _____
3. Mailing address _____
4. Effective date requested _____ Date current coverage expires _____
5. Contact Person _____ Telephone # _____
Email address _____
6. Date established _____ FEIN # _____
License # _____ Website: _____
7. ☐ Individual ☐ Partnership ☐ Joint Venture ☐ Trust ☐ Limited Liability Company
☐ Organization (Other than Partnership, Joint Venture, or Limited Liability Company)
8. Have you ever operated under another name? ☐ Yes ☐ No
Name of entity _____
9. Industry experience _____
10. Please list any non-alarm related operations. _____
11. Do you subcontract work to others? ☐ Yes ☐ No
Subcontractor includes (1) any person that performs work for any insured and who does not qualify as the insured's W-2 employee, and (2) any organization that performs work for any insured.
 - a. What operations are subcontracted? _____
 - b. What is the cost of the subcontracted work? _____
 - c. Does a contract exist between you and the subcontractor company? ☐ Yes ☐ No
 - d. Do you require GL or WC certificates from subcontractors? ☐ Yes ☐ No
 - e. Do the subcontractors carry GL limits equal to or greater than the limits requested on this application? ☐ Yes ☐ No
 - f. Are you named as an additional insured on all subcontractor policies? ☐ Yes ☐ No
12. What does your pre-employment screening process include?
☐ Criminal Background ☐ Driving Record ☐ Drug Screen ☐ Fingerprint Check ☐ Polygraph
☐ Prior Employment Contacted ☐ Psychological Test ☐ Other _____
13. Do you have a new employee training program? ☐ Yes ☐ No
Please describe _____

Coverage & Limits Section

14. Limits requested ☐ \$1M/\$2M ☐ \$1M/\$3M ☐ \$1M/\$4M ☐ \$1M/\$5M ☐ Other _____
15. Deductible requested ☐ \$0 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000
16. Do you require any of the below coverages to fulfill client contract requirements?
Please note that some of these coverages may require additional premium.
☐ Additional Insured ☐ Employee Benefits Liability ☐ Hired/Non-owned Auto
☐ Per Project Aggregate ☐ Primary Wording ☐ Stop Gap ☐ Waiver of Subrogation
Do you have a primary commercial auto policy in force? ☐ Yes ☐ No

17. Do you require excess/umbrella coverage?

☐ Yes ☐ No

If "Yes," what limit is needed?

☐ \$1M

☐ \$2M

☐ \$3M

☐ \$4M

☐ \$5M

If excess/umbrella coverage is required please complete the Excess Liability application.

Alarm Operations Section

18. Number of employees _____

Full time _____

Part time _____

19. Estimated annual revenue _____

Estimated annual payroll _____

20. Installation _____%

Monitoring _____%

21. Please provide percentage breakdown for your client base.

Apartments	%	Medical/Hospital	%
Commercial	%	Schools/Colleges	%
Condominiums	%	Single Family	%
Correctional/Penal	%	Tract Housing	%
Custom Homes	%	Other	%
Industrial	%	Please describe:	

22. Please provide percentage breakdown for all alarm installations and monitoring operations below. Some operations may require further explanation.

Operations	% Service/Install Revenue	% Monitoring Revenue
Burglar & Fire Alarm – Commercial	%	%
Burglar & Fire Alarm – Residential	%	%
Carbon Monoxide Detection	%	%
CCTV/Video	%	%
Home Detention/Penal/Correctional Systems	%	%
Medical Emergency/Nurse Call Systems	%	%
Medication Reminder Service	%	%
PERS/Panic Button	%	%
Temperature Control	%	%
Utility Monitors (HVAC/Water/Gas)	%	%
Water Flow on Sprinkler System	%	%
Access Control/Card Key Entry	%	
Automatic Sprinkler Systems	%	
Central Vacuum/Home Theater/Intercom	%	
Design/Drafting Services	%	
Interior Tele-Com/Network	%	
Manufacturing of Products	%	
Preconstruction Wiring/Conduit	%	
Retail Sales of Equipment/Products	%	
Fire Extinguisher Service/Installation/Testing/Repair	%	
Other	%	
Please describe:		

23. Please describe the type of work being done for New Home Builders i.e. tract homes, condominiums, custom homes. A "tract home" is defined as a development of five or more individual and freestanding houses which share common or similar design elements, floor plans, blueprints and/or architectural details, and/or which are constructed at the same time, or consecutively, on the same parcel, adjacent parcels, or parcels so located within one geographic area to be considered a single project. _____

If a portion of the work you are doing for new home builders is for tract homes or condos and another portion is for custom homes, please provide percentages for each (must equal 100%)

Tract homes, condos, townhouses _____% Custom homes _____%

24. Do you take part in operations aboard aircraft, automobiles, mobile equipment and/or boats? ☐ Yes ☐ No
25. Is monitoring subcontracted or handled by a third party? ☐ Yes ☐ No
Monitoring Company _____
26. Do end users sign a monitoring contract? ☐ Yes ☐ No
Please attach a copy of your standard monitoring contract to this application for review.
27. Does a contract exist between you and the monitoring company? ☐ Yes ☐ No
Please attach a copy of the contract between you and the monitoring company for review.
28. Do you require certificates of insurance from the monitoring company? ☐ Yes ☐ No
29. Does the monitoring company name you as an additional insured? ☐ Yes ☐ No
30. Do you manufacture any products? ☐ Yes ☐ No
31. Do you employ security officers to provide alarm response? ☐ Yes ☐ No
If "Yes," please also submit the Security Guard and Private Investigator Application (SGL 200).
32. Do you perform any work at facilities where explosives are handled or stored or at nuclear power plants? ☐ Yes ☐ No

Policy Information

33. Please provide prior year policy information below.

Category	Current Year	First Prior	Second Prior	Third Prior	Fourth Prior
Carrier					
Premium					
Payroll					
Deductible					
Incurred Losses					

34. Have any claims been made over the last five (5) years? ☐ Yes ☐ No
35. Do you have any knowledge of incidents that could lead to a claim in the future? ☐ Yes ☐ No
If "Yes," please explain. _____
36. Has your insurance been cancelled, declined or non-renewed in the last three (3) years? ☐ Yes ☐ No
If "Yes," please explain. _____
37. Total number of clients. _____
38. Please list your six (6) largest clients:

39. Are you or your company aware of any facts, circumstances, incidents, or accidents (including but not limited to faulty or defective workmanship, product failure, construction dispute, breach of contract, property damage or worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? ☐ Yes ☐ No
If "Yes," please attach a detailed explanation.

FRAUD WARNINGS

Warning – 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 purposes or misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

AL, AR, DC, LA, MD, RI, WV – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

CO – 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 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.

FL, OK – 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 of the third degree. (FL only)

KY, PA – 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.

ME, TN, VA, WA – 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 (ME only) include imprisonment, fines or a denial of insurance benefits.

NJ, NM – Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NY – 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.

OH – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a false claim containing a false or deceptive statement is guilty of insurance fraud.

OR – Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material facts may be violating state law.

UT – Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

SIGNATURE

The undersigned applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The applicant agrees to notify us of any material changes in the answers to the questions on this application which may arise prior to the effective date of any policy issued pursuant to this application and the applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The applicant further understands that, if a policy of insurance is issued, this application will be incorporated into and form a part of such policy.

Signature of Applicant

Printed Name of Applicant

Title (Officer, Partner, etc.)

Date Signed

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR
THE INSURER TO PRODUCE INSURANCE.