

## Excess Liability Insurance Application For Security & Alarm Industries

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(Submissions email: security.subs@rlicorp.com)

Ge	neral Informa	<u>tion</u>											
1.	Name												
2.	Physical addr	amehysical address											
3.		Mailing address											
4.	Effective date												
	Contact PersonEmail address					Telephone #							
6.	Date established						FEIN #Website						
7.	Individual	Sense # Website Website 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?  Name of entity    Company												
Co	verage & Limi												
	What lines of insurance do you need excess coverage over?  Commercial Auto Liability Employers Liability General Liability/E&O  Please note, excess liability coverage can only be quoted if Mt. Hawley is quoting and writing the supporting General Liability/E&O.												
	Limits reques			<del></del> -		<b>_</b> \$3	BM 🗌 \$4M		☐ \$5M				
11.	Please provid	le und	lerlying poli	cy informatior	n below.								
	Туре	Carrier/Policy N		Number	Effective Date		Expiration Date	Limits					
	Commercial							CSL \$					
	Automobile						BI Each Accident \$ BI Each Person \$						
	Liability								ach Person				
									Each Accider				
	Canaral								ility Premiu	III 9			
	General Liability						Occurrence \$ General Aggregate \$						
	Liability			1			Personal & Adv. Injury \$						
	Employers						Each Accident \$						
	Liability						Disease Each Employee						
									3				
12.	Vehicle Information												
	<u> </u>		# Non-Owned # Leased			Property Hauled		0-50 MI	50-250 MI	Over 250 MI			
	Private Passenger												
	Trucks Light												
	Medium												
	Heavy												
	Ex. Heavy					<u> </u>							
	Trucks/Tractors Buses												
13.	L	any c	l laims exce	l eding \$10,000	l over the las	t five	e (5) years for the a	above	lines of co	verage.			
			-							-			

contract, property damage or worker injury) th	circumstances, incidents, or accidents (including Yes No ship, product failure, construction dispute, breach of nat a reasonably prudent person might expect to give, which might directly or indirectly involve the company?
	FRAUD WARNINGS
insurance containing any false information, or conceat commits a fraudulent insurance act, which is a crime. AL, AR, DC, LA, MD, RI, WV – Any person who know who knowingly presents false information in an applic or confinement in prison, or any combination thereof. CO – It is unlawful to knowingly provide false, incomp purpose of defrauding or attempting to defraud the cocivil damages. Any insurance company or agent of ar facts or information to a policyholder or claimant for the with regard to a settlement or award payable from instined department of regulatory agencies.  FL, OK – Any person who knowingly and with intent to application containing any false, incomplete, or mislest KY, PA – Any person who knowingly and with intent to insurance containing any materially false information material thereto commits a fraudulent insurance act, of ME, TN, VA, WA – It is a crime to knowingly provide purpose of defrauding the company. Penalties may (NJ, NM – Any person who knowingly files a statement and civil penalties.  NY – Any person who knowingly and with intent to defort thousand dollars and the stated value of the company of the stated value of the company of the stated company and with intent to deform the stated company and with intent to deform the stated value of the company of the stated company and with intent to deform the stated company and wi	wingly presents a false or fraudulent claim for payment of a loss or benefit or cation for insurance is guilty of a crime and may be subject to restitution, fines, collete, or misleading facts or information to an insurance company for the empany. Penalties may include imprisonment, fines, denial of insurance and insurance company who knowingly provides false, incomplete or misleading the purpose of defrauding or attempting to defraud the policyholder or claimant surance proceeds shall be reported to the Colorado division of insurance within the injure, defraud or deceive any insurer files a statement of claim or an adding information is guilty of a felony of the third degree. (FL only) to defraud any insurance company or other person files an application for or conceals, for the purpose of misleading, information concerning any fact which is a crime. If alse, incomplete or misleading information to an insurance company for the ME only) include imprisonment, fines or a denial of insurance benefits. In of claim containing any false or misleading information is subject to criminal defraud any insurance company or other person files an application for insurance information, or conceals for the purpose of misleading, information concerning the act, which is a crime, and shall also be subject to a civil penalty not to the claim for each such violation.  In the false information or a crime, and shall also be subject to a civil penalty not to the claim for each such violation.  In the false information or insurance fraud.  Farand or solicit another to defraud the insurer by submitting an application or ement is guilty of insurance fraud.  Farand or solicit another to defraud the insurer by submitting an application may be violating state law.  Undulent underwriting information, files or causes to be filed a false or fraudulent or submits a false or fraudulent report or billing for health care fees or other subject to fines and confinement in state prison.
	SIGNATURE
The undersigned applicant warrants that the above stature and complete and do not misrepresent, misstate of	atements and particulars together with any attached or appended documents are romit any material facts.
	es in the answers to the questions on this application which may arise prior to the plication and the applicant understands that any outstanding quotations may be r sole discretion.
	erstands that we are not obligated or under any duty to issue a policy of insurance erstands that, if a policy of insurance is issued, this application will be incorporated
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.

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