

SECURITY AMERICA

Risk Retention Group, Inc.



Company: _____
DBA: _____
Address: _____
City/State/Zip: _____
Email: _____

Years in Business: _____
Policy Expiration: _____
Contact: _____
Web Address: _____
Phone Number: _____
Fax Number: _____

Are you associated with a dealer program? Yes No If Yes, which one? _____
Are you a member of the NBFAA? Yes No If Yes, Member ID #: _____
Do you offer employee benefits? Yes No FEIN #: _____ # of Employees: _____
How did you hear about Security America? _____
What limits of liability do you currently have? _____
Would you like a quote for higher limits? Yes No
If Yes, please check any of the following: Excess Umbrella \$2M \$3M \$4M \$5M

OPERATIONS - Please indicate the % of gross sales/receipts by type of operation (total of all services should equal 100%)

<input type="checkbox"/> Security/Fire Alarm Installation _____ %	<input type="checkbox"/> Locksmiths _____ %
<input type="checkbox"/> Security/Fire Alarm Service/Maintenance _____ %	<input type="checkbox"/> Fire Sprinkler Installation/Repair _____ %
<input type="checkbox"/> Monitoring, Non-Medical _____ %	<input type="checkbox"/> Hood/Vent Systems Installation/Repair _____ %
<input type="checkbox"/> Medical Monitoring _____ %	<input type="checkbox"/> Fire Extinguisher Installation/Service _____ %
<input type="checkbox"/> Security and Patrol Services, Armed _____ %	<input type="checkbox"/> PERS Installation/Monitoring _____ %
<input type="checkbox"/> Security and Patrol Services, Unarmed _____ %	<input type="checkbox"/> Other (Explain Below) _____ %

Do you install, service, or monitor fire suppression systems? Yes No
Do your employees respond to site of alarm? Yes No If Yes, % of Contracts: _____
Do you have a showroom? Yes No
Describe all activities in detail: _____

TRAINING

What certifications do you require of your employees? _____

Describe the training you provide for employees: _____

Do you have or follow a written job safety program? Yes No
Are background checks done on all employees? Yes No



REVENUE/CONTRACTS

	Payroll - Total	Gross Sales	G/L E&O Premium	Subcontract Costs
Upcoming Year	\$ _____	\$ _____	\$ _____	\$ _____
If you monitor for others, are you named as additional insured on all subcontractor policies?				<input type="checkbox"/> Yes <input type="checkbox"/> No
What limits do you require your subs to carry?	\$ _____			
Do you require subcontractors to sign a written contract that has an indemnity agreement holding you harmless?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do your contracts include a limitation of liability/liquidated damages clause?				<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the dollar amount of your standard limitation?	\$ _____			
Have you had any claims in the past 5 years? If yes, explain on separate sheet.				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your subcontractors providing you with certificates of insurance?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Percentage of accounts that have contracts: _____%	Are false alarms recorded?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please include the following with your application:

1. Copy of all subcontract agreements
2. Certificates of insurance from all subcontractors
3. Sample copies of all customer agreements in force
4. Loss runs from your prior carrier for the past 3 years (required)
5. Any brochures and marketing information

The statements and answers herein are warranted to be true and are made with the knowledge that the Company will act in reliance upon them. This request is designed to solicit information and is not a policy or policy binder on the part of the Applicant, its agency, or the Insurance Company. Any misrepresentations by the Applicant may result in denial of coverage or the cancellation of any subsequently issued policy or policies. Since this is a member benefit, you may be contacted by the NBFAA for membership.

This policy is issued by your Risk Retention Group. Your Risk Retention Group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group. Therefore, these funds will not pay your claims or protect your assets if your risk retention group, the insurer, becomes insolvent and is unable to make payments as promised.

Signature of Owner, Partner or Officer:

Print Name: _____

Title: _____

Date: _____

Return to:
Holley Insurance
ATTN: ALARMSure
540-334-4226 Fax
steve@holleyins.com
or call 540-334-4225 we will be happy to assist you