

S E C U R I T Y A N D C O M M U N I C A T I O N I N S U R A N C E

1174 PALOMINO ROAD, SANTA BARBARA, CA 93105

CA LICENSE NUMBER 0582597 • PHONE (800)329-5355 • FAX (805)569-8864



ALARM & SECURITY COMMUNICATIONS LIABILITY



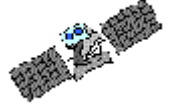
CABLE TV & TELECOMMUNICATION LIABILITY



COMMUNICATIONS PROFESSIONAL E & O LIABILITY



PHONE INTERNET NETWORK LIABILITY



WIRELESS BROADCASTING LIABILITY

ALARM / WATER FLOW ALARM / SAFETY EQUIPMENT GENERAL LIABILITY APPLICATION

Effective Date: _____

1. Applicant: _____

2. Street Address: _____

Mailing Address (if different than above): _____

Additional Locations (if any):

a. _____

b. _____

c. If additional space is necessary, please provide additional worksheet.

3. Name of contact person for inspection/audit: _____ Telephone No.: _____

4. Applicant is: ___ Individual ___ Corporation ___ Partnership ___ Other (Describe): _____

5. Coverage: _____

6. Limits: _____ Each Occurrence/Aggregate Deductible: _____

7. Operations (use percent %): _____ Alarm _____ Safety Equipment _____ Other: _____

8. How long has Applicant owned this business? _____

9. How many years experience does Applicant have in this field? _____

10. Is Applicant involved in any other operations? ___ Yes ___ No If Yes, please describe: _____

11. Describe the duties of owner: _____

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

12a. Years in business: _____

13. Signed contract with all customers? Yes No
 14. Percent % of customers under standard contract: _____

PLEASE ATTACH COPY OF YOUR STANDARD CUSTOMER CONTRACT OR PURCHASE ORDER.

15. Pre-employment Screening Procedure (check applicable):
 Prior Employment Check Drug Screening Personal Reference Psychological Testing _____
 Polygraph MVR Background Check Other _____
 Please describe "Other": _____
16. Training Program Consists of (check all applicable):
 Written Manual Report Writing CPR On The Job _____
 Firearms Use of Force Powers of Arrest Other _____
 Please describe "Other": _____
17. Is the Applicant licensed? Yes No If Yes, please list all licenses: _____

18. Does Applicant perform any work at facilities where explosives are handled or stored or at nuclear power plants? Yes No
 If Yes, describe: _____
19. Does Applicant perform any design work? Yes No If Yes, fully describe: _____

20. Describe Trade Association Memberships held: _____

Claim/Loss History: If none, so state. Attach five (5) years currently valued loss runs with application, if available. Verified loss runs required to bind.

Date	Description	Paid Amount	Reserves	Status (Open/Closed)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Describe any additional incidents that have occurred that may result in a claim being made against Applicant. If none, so state:

Policy Information:

Carrier	Policy Period	Limits	Premium	Basis	Deductible
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Has any carrier cancelled or refused to renew? Yes No If Yes, please describe: _____

Applicant: _____

ALARM COMPANY OPERATIONS - PROVIDE \$ BREAKDOWN OF APPLICABLE OPERATIONS:

Alarm Payroll	Alarm Receipts	Alarm Payroll	Alarm Receipts
_____	_____ Sales/Distribution	_____	_____ Manufacturing
_____	_____ Installation	_____	_____ CCTV
_____	_____ Service/Repair	_____	_____ Answering Service
_____	_____ Monitoring	_____	_____ Other

Fully describe "Other" operations: _____
Alarms are: _____ % Fire _____ % **Combination *** _____ % Water Flow
_____ % Burglary _____ % Medical Alert _____ % Temperature Control
_____ % Other (intercom, etc.)

*** Combination Includes Fire, Burglary, Medical Alert (911) (Comb. Alarm Control Panel)**

If Applicant does not monitor alarms, who does? _____
Written contract with monitoring company? ___ Yes ___ No PLEASE ATTACH COPY OF CONTRACT WITH MONITORING COMPANY

Fully describe alarm response procedures: _____

SAFETY EQUIPMENT OPERATIONS - PROVIDE \$ BREAKDOWN OF APPLICABLE OPERATIONS (If Applies):

Payroll	Receipts	Payroll	Receipts
_____	_____ Sales/Distribution	_____	_____ Manufacturing
_____	_____ Service	_____	_____ Other
_____	_____ Installation		

Fully describe "Other" operations: _____
Systems are: _____ % Hand Held Extinguishers _____ % Personal/Safety First Aid _____ % Other
Describe other products sold or handled by Applicant (protective clothing, life support, etc.): _____

Identify Manufacturers: _____
Installations at: _____ % Factories _____ % Restaurant _____ % Computer Room
_____ % Other Describe "Other": _____

PLEASE COMPLETE THE FOLLOWING QUESTIONS FOR ALARM OR SAFETY EQUIPMENT OPERATIONS:

Customers are: _____ % Commercial _____ % Residential _____ % New Construction
Customers: _____ Number _____ Under Contract \$ _____ Annual Contract Cost
Are independent contractors used? ___ Yes ___ No \$ _____ Annual Contract Cost
Does Applicant install or service safety equipment in nursing homes, medical, correctional or detention facilities? ___ Yes ___ No
Is Applicant covered under Broad Form Vendors coverage by manufacturer? ___ Yes ___ No
Does the Applicant install safety equipment in buildings over four(4) stories? ___ Yes ___ No

State Notices: The following notices are required by the Insurance Department of the indicated states.

Notice to California Insureds

- A) THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NONADMITTED" OR "SURPLUS LINES" INSURERS.**
- B) THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT WHICH APPLIES TO CALIFORNIA LICENSED INSURERS.**
- C) THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
- D) CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINES INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST.**
- E) FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINES" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.**

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 CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME. (Note: This notice is required by New York insurance regulations, but may also be a crime in other states.)

NOTICE TO TENNESSEE 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 FLORIDA APPLICANTS: 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.

THE UNDERSIGNED DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE INSURANCE, NOR DOES REVIEW OF THE APPLICATION BIND THE INSUROR TO ISSUE A POLICY. IT IS AGREED, HOWEVER, THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

SIGNED BY:

Applicant

Date

Producer

Date