
5. Questionnaire:

a) Year your company was established? _____

b) What is your area of operation? _____

c) Are certificates issued? Yes No

If yes, types of certificates _____

d) Is your station U.L.C. listed? Yes No

Designation _____ Levels _____

e) Are security audits conducted? Yes No

If yes, by whom? _____ Frequency _____

f) Do you have written procedures for your operations? Yes No

g) Is there a formal training program for operators? Yes No

h) What is the minimum training or experience required for operators? _____

i) Is your monitoring system computerized? Yes No

j) Is access to monitoring facilities strictly controlled? Yes No

k) Minimum number of staff in attendance? _____

l) Is back up power available? Yes No

Describe procedures for system/power failure _____

Do you have an uninterrupted power source (UPS)? Yes No

How is the UPS maintained and by whom?

How many hours does the back-up system work for the event of power failure? Please provide details _____

Indicate the experience/qualification of the person providing maintenance to the UPS _____

m) Are Runner/Guards dispatched? Yes No

Own employees? _____ Other - describe _____

n) Are customer's keys kept? Yes No

If yes, how stored and identified? _____

o) Who is installing & servicing alarm systems? Outside Contractors Own Contractors

Describe _____

If you are installing and/or servicing alarm systems please complete the Installers Supplemental Application

p) Do you require outside installers to provide evidence of liability insurance? Yes No

q) Are there minimum requirements that installers must meet to be acceptable? Yes No

Describe _____

r) Do contracts attempt to limit liability? (attach copy) Yes No

This supplement attaches to and is part of the application that shall form the basis of the contract, should a policy be issued.

Completion of this application does not bind the company to provide the insurance. It is agreed, however, that this application shall form the basis of the contract, should the policy be issued by the Company.

I declare that to the best of my knowledge and belief, all of the foregoing statements are true and that these statements are the declarations upon which an insurance policy may be issued.

Date _____

Signature _____

Title _____

IMPORTANT MANDATORY INDICATOR – CHOOSE ONE New Business Application Renewal Application

SUBMITTED BY: _____

E-MAIL: _____

eDelivery: Do you want all Policy Documentation Delivered by Email to this address? Yes No