



Mid Valley General Agency LLC
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**ALARM INSTALLATION, SERVICING, MONITORING OR REPAIR
 GENERAL LIABILITY APPLICATION**

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

Agency Name: _____
 Agent No.: _____
 Address: _____

 E-mail: _____
 Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

Limits of Liability and Deductible Requested:

General Aggregate (other than Products/Completed Operations)		\$
Products and Completed Operations Aggregate		\$
Personal and Advertising Injury (any one person or organization)		\$
Each Occurrence		\$
Damage to Premises Rented to You (any one premise)		\$
Medical Expense (any one person)		\$
Electronic Data Liability		<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000
Errors and Omissions Coverage (Available up to the General Liability Limits)	Each Claim	\$
	Aggregate	\$
Lost Key Coverage		\$25,000 (included)
Property Damage Extension (CCC) (Included for limits equal to GL limits up to \$200,000/\$300,000)	Occurrence	\$
	Aggregate	\$
Other Coverages, Restrictions, and/or Endorsements: _____ _____		\$
Deductible		\$

Website Address: _____

E-mail Address: _____ Phone No.: _____

1. Additional Insured Information:

Name	Address

2. How long has applicant been in business? _____ years. Total number of employees: _____

3. Is applicant licensed?..... Yes No
If no, explain: _____

4. Estimated annual:

- a. Payroll.....\$ _____
- b. Sales.....\$ _____
- c. Cost of subcontractors.....\$ _____

5. Advise payroll and sales for each:

	Payroll	Sales
Burglar alarms—residential	\$ _____	\$ _____
Burglar alarms—commercial	\$ _____	\$ _____
Fire alarms—residential	\$ _____	\$ _____
Fire alarms—commercial	\$ _____	\$ _____
Alarm monitoring operations (If any medical alarm monitoring, show separate sales for same.)	\$ _____	\$ _____
Monitoring, installation, servicing or repair of emergency medical alert systems or nurse call buttons. Describe: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

6. Does applicant do any manufacturing?..... Yes No
Does applicant sell anything under own label? Yes No
If the answer to either question is yes, please explain: _____

7. Does applicant sell any items other than items which are installed by applicant?..... Yes No
If yes, provide listing of products sold: _____
Sales amount for these products?.....\$ _____

8. Does applicant do design work for others? Yes No
If yes, percent of operation:..... _____%

9. Does applicant design systems without performing installation? Yes No
If yes, percent of operation:..... _____%

10. Does applicant install alarms or phones in vehicles, mobile equipment, watercraft or aircraft?.... Yes No
If yes, explain: _____

11. Does applicant install alarms in hospitals, nursing homes, transportation facilities, detention or correctional facilities? Yes No
If yes, provide details and sales amount: _____
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12. Does applicant install or monitor alarms at chemical, fertilizer or petrochemical facilities? Yes No
13. Does applicant install or monitor metal, chemical or explosive detection devices at transportation facilities, federal buildings or post office mailrooms?..... Yes No
14. Does applicant monitor for home incarceration or pretrial release? Yes No
15. Does applicant have off-shore exposures (i.e., gas and oil rigs, ships)? Yes No
16. Does applicant have Workers' Compensation coverage in force? Yes No
17. Does applicant lease employees? Yes No
18. Does applicant have a training program? Yes No
If yes, describe: _____
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19. Does applicant install, service or repair fire suppression systems? Yes No
20. Does applicant subcontract work to others? Yes No
If yes, what type of work? _____
Are certificates of insurance obtained from ALL subcontractors?..... Yes No
21. Please attach: (A) Any descriptive or advertising literature; (B) Copy of usual performance contract with client; (C) Any hold harmless agreements executed in favor of client.
22. Does applicant limit his liability to a stated dollar amount (liquidated damages) on his standard alarm contract with his client?..... Yes No
If yes: What is maximum limit allowed?\$ _____
What percentage of contracts waive the liquidated damages clause? _____%
23. During the past three years, has any company ever canceled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri)..... Yes No
If yes, explain: _____
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24. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No
If yes, describe: _____
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25. Does applicant have other business ventures for which coverage is not requested?..... Yes No
If yes, explain and advise where insured: _____
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26. Schedule of Hazards:

Loc. No.	Classification Description	Class. Code	Exposure	Premium Basis (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other

27. Prior Carrier Information:

	Year:	Year:	Year:
Carrier			
Policy No.			
Coverage			
Occurrence or Claims Made			
Total Premium			

28. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. <input type="checkbox"/> Check if no losses last three years.				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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 subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION AUDIT: _____

————— IMPORTANT NOTICE —————

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.