



51 Harvard Street  
Worcester, MA 01609  
Phone: 508-755-6210  
Fax: 508-753-0646  
www.quakerma.com

## Alarm or Security System Design, Monitoring, Installation, Service or Repair Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant's Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

\_\_\_\_\_ Web Address \_\_\_\_\_

\_\_\_\_\_ Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

### SCHEDULE OF HAZARDS

TYPES OF SERVICES OFFERED	% OF OPS
<input type="checkbox"/> Alarm Monitoring	___
<input type="checkbox"/> Access Control Systems Installation, Service or Repair	___
<input type="checkbox"/> Automobile Alarm or Stereo Installation	___
<input type="checkbox"/> Burglar Alarm Installation, Service or Repair	___
<input type="checkbox"/> CCTV Installation, Service or Repair	___
<input type="checkbox"/> Fire Alarm Installation, Service or Repair	___
<input type="checkbox"/> Medical Alert System Installation	___
<input type="checkbox"/> Security Guards	___
<input type="checkbox"/> Other (describe below)	___

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TYPES OF BUSINESSES PROTECTED / MONITORED	% OF INSTALL	% OF MONITOR	TYPES OF BUSINESSES PROTECTED / MONITORED	% OF INSTALL	% OF MONITOR
<input type="checkbox"/> Casinos	___	___	<input type="checkbox"/> Nuclear power plants	___	___
<input type="checkbox"/> Commercial (e.g., Auto dealers, retail stores, restaurants, etc.)	___	___	<input type="checkbox"/> Office Buildings	___	___
<input type="checkbox"/> Financial Institutions (e.g., Offices or banks)	___	___	<input type="checkbox"/> Penal Facilities	___	___
<input type="checkbox"/> Governmental Entities (City, state, federal)	___	___	<input type="checkbox"/> Residential (e.g., Apartments, dwellings, etc.)	___	___
<input type="checkbox"/> Industrial Plants	___	___	<input type="checkbox"/> Schools/Colleges	___	___
<input type="checkbox"/> Laboratories	___	___	<input type="checkbox"/> Transportation (e.g., Airports, docks, harbors, mass transit stations, railroads, ships, subways, toll booths, tunnels, etc.)	___	___
<input type="checkbox"/> Medical Facilities (e.g., Hospitals, nursing homes, etc.)	___	___	<input type="checkbox"/> Utility Properties (e.g., Electric companies, gas companies, water companies, etc.)	___	___
<input type="checkbox"/> Military Installations	___	___	<input type="checkbox"/> Other (describe below)	___	___
			_____		

**PERSONNEL**

Number of Employees: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Total Payroll \$ \_\_\_\_\_ Total Sales \$ \_\_\_\_\_

- Does the applicant have a documented pre-employment screening procedure? .....  Yes  No  
Please check all that apply:  
 Background check (in-state and out-of-state)  Personal References  Drug Screening  Fingerprints  
 Prior Employment  Polygraph  MVR  Other \_\_\_\_\_
- Does the applicant retrieve information from data information brokers? .....  Yes  No  
If yes, is the information received verified? .....  Yes  No
- Does applicant require verification of previous employment? .....  Yes  No
- Does the applicant have a formalized training program? .....  Yes  No  
Please check all that apply:  
 Written Manual  Report Writing  On-the-job  Other \_\_\_\_\_

**OPERATIONS – GENERAL**

- How many years has the applicant been in business? \_\_\_\_\_
- Is business licensed and/or certified according to state regulations for all operations performed? .....  Yes  No
- Is the applicant owned by, associated with, engaged in or involved with any other enterprise? .....  Yes  No  
If yes, provide details. \_\_\_\_\_
- Does the applicant require all clients to sign a contract that contains liquidated damages, third party indemnification and right to assign provisions? .....  Yes  No  
Provide a copy of the contract used.
- Does the applicant manufacture either entire systems or components thereof? .....  Yes  No  
If yes, provide details. \_\_\_\_\_
- Does the applicant sell any products under their own label? .....  Yes  No  
If yes, provide details. \_\_\_\_\_

**OPERATIONS – INSTALLATION, SERVICING OR REPAIR**

- 1. Is all equipment maintained and serviced in accordance with the manufacturer's operation and maintenance instructions? .....  Yes  No  
If no, provide details. \_\_\_\_\_
- 2. Does the applicant install, maintain and service systems that comply with standards set by UL, Factory Mutual, NFPA, MEC, NFBAA or CSAA? .....  Yes  No  
If no, provide details. \_\_\_\_\_
- 3. Does the applicant keep duplicate records (e.g., work orders, purchase orders, contracts, etc)? .....  Yes  No  
If yes, provide details. \_\_\_\_\_
- 4. Does the applicant own their own central station? .....  Yes  No  
If yes, does the applicant provide monitoring services for:  
Systems they install? .....  Yes  No  
Systems installed by other alarm dealers? .....  Yes  No  
If yes, provide details and complete the Monitoring section below. \_\_\_\_\_

**OPERATIONS – MONITORING**

- 1. Does the applicant have a procedure to protect line connections between subscribers and the central station from accidental or intentional breakage? .....  Yes  No  
If yes, provide details. \_\_\_\_\_
- 2. Does the applicant have a documented back-up plan to address malfunction, power shortage, or sabotage, including generator capabilities for at least 24 hours? .....  Yes  No  
Provide a copy of the back-up plan used.
- 3. Does the applicant have any brochures or literature outlining the services they provide? .....  Yes  No  
If yes, provide details. \_\_\_\_\_
- 4. Does the applicant have formal written operating procedures for all central station operations available to employees for quick reference and are procedures reviewed periodically? .....  Yes  No  
If yes, provide details. \_\_\_\_\_
- 5. Is the applicant compliant with American National Standards Institute (ANSI) standard for Computer Aided Dispatch (CAD) providers, alarm monitoring company software providers and Public Safety Answering Point (PSAP) CAD systems? .....  Yes  No

**SUBCONTRACTORS**

If you NEVER hire subcontractors, please check here  (If checked, skip to Prior Carrier History & Loss Information section)

If you DO hire subcontractors, please complete the section below:

- 1. Total subcontract cost \$ \_\_\_\_\_
- 2. Are certificates of insurance required from subcontractors? .....  Yes  No
- 3. Do your subcontractors carry coverage or limits less than yours? .....  Yes  No  
If yes, what are the minimum limits you accept? \_\_\_\_\_
- 4. Are written contracts including a hold harmless clause in your favor obtained from all subcontractors? (A copy of the contract is mandatory to bind coverage.) .....  Yes  No
- 5. Are you named as an additional insured on the subcontractors' policy? .....  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRIOR CARRIER HISTORY & LOSS INFORMATION**

**PRIOR CARRIERS (LAST THREE YEARS)**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

**LOSS HISTORY (LAST FIVE YEARS)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

\_\_\_\_\_

Producer's Signature
Date
Applicant's Signature
Date