

ALARM COMPANY LIABILITY INSURANCE APPLICATION

1. Company Name _____
2. Address _____
3. Company Type ___ Individual ___ Partnership or JV ___ LLC ___ Other: _____
4. Number of years in the alarm business _____ If less than three, describe experience on a separate page
5. Names and operations of any subsidiaries and/or related entities _____

6. Any other owned or leased locations [Y/N] _____ If so, give address and occupancy _____

7. Company activities:

Activity	Yes	No	Activity	Yes	No
Install Alarms			Service & Maintain Alarms		
Monitor own customers			Monitor for other alarm companies		
Intrusion Alarms			Smoke/Fire Alarms		
Combination Intrusion/Fire			Temperature		
Closed Circuit TV			Access Control (card key, gates, etc)		
Fire Extinguisher Sales & Service			Intercom		
Lock & Safe			Medical Alert		
Other, please describe					

8. List all trade and professional associations to which you belong _____

9. Are you U.L. approved? _____

10. Attach a complete copy of each of your current contract forms.

11. Describe procedures for investigating and training new employees. Polygraph, fingerprint, police check?

12. Account profile. Answer each question by system type and provide number of accounts for each category

How many	Residential	Commercial
Central Station subscribers do you have?		
Systems do you install each year?		
Local Alarms do you install each year?		
Alarm Systems did you sell last year?		

13. Do you have any monitoring arrangement with an answering service or police/fire departments?
 [Y/N] _____ If yes, how many Commercial _____, how many Residential _____
Include copies of all agreements with the monitoring entities.
14. Please provide insurance company loss runs for the last four years.
15. Has any insurance company declined, canceled or refused to renew coverage in the last three years? [Y/N]
 _____ If so, describe circumstances on a separate page.
16. Name of present carrier _____ Expiration date _____
 Premium _____ Limit _____ Deductible _____
17. Provide all of the following:

PAYROLL AND EMPLOYEES	This Year	Next Year
Total Annual payroll including executive		
Total number of full time employees		
REVENUES	This Year	Next Year
Outright <u>sales</u> of alarms <u>without</u> contract		
Outright <u>sales</u> of alarms <u>with</u> contract		
Central Station subscriber fees (If subcontracted, show only retained fees)		
All other alarm income-leases, monitoring service, etc		
Detective, Guard or Watchmen services		
Other operations (Describe)		
Total Gross Income		

The applicant hereby covenants and agrees that the foregoing statements and answers are a just, full and true exposition and explanation of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the applicant, and the same are hereby made the basis and a condition of the insurance, and a warranty on the part of the insured. If coverage is bound, applicant agrees to pay all premiums, taxes and fees, including policy fees, associated with all policies placed through TRMS, Inc.

NEW YORK FRAUD CLAUSE The New York Superintendent of Insurance has required that the following language be included on all applications for insurance in the State of New York: *Any person who knowingly and with intent to defraud any insurance company or other person who 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.*

**ALL QUESTIONS MUST BE ANSWERED IN FULL. ATTACH SEPARATE PAGES IF NECESSARY
 APPLICATION MUST BE SIGNED**

Signature of Applicant

Name and Address of your Agent

_____ Please sign _____ Title

_____ Please print name

Date _____

Return ORIGINAL APPLICATION to:

TRMS, Inc.
 47 Sunlit Drive West
 Santa Fe, NM 87505
 attn: George L. Tanty