



Electronic Security Application

Commercial General Liability

Including Errors & Omissions

One Blue Hill Plaza
Suite 530
Pearl River NY 10965
Ph 800-214-0207
Fax 845-735-8383
www.mechanicgroup.com

1. Business Name(s): _____

2. Address: _____

3. Business is: Corporation Partnership Individual

Year Started

 Ltd. Liab. Corp Other _____

4. Person to contact: _____ Email _____

5. Phone # _____ Fax _____ Website _____

6. FEIN # _____ License # _____ State(s) Licensed _____

7. Have you operated or owned any other similar business under a different name? Yes No
 If yes, what was the name you operated under? _____

8. Name of subsidiaries owned or controlled: _____

9. Breakdown of operations:

a) Total number of employees: _____ Full-time: _____ Part-time: _____

b) Provide the estimated payrolls and receipts/sales for the upcoming policy period:

Type of Work	Payroll	Gross Revenue
Alarm Installation, Service, Repair or Maintenance		
Central Station Monitoring	Retail	
	Wholesale	
CCTV/Intercom/Audio-Video/Telephone		
Access Control		
Locksmith		
Electrical Distributor		
Other <i>(describe below)</i>		
Totals		

10. a) Percentage of work is: Commercial _____ % Residential _____ %

b) Percentage of Installations are: Central _____ % Local _____ %

c) If you provide any of the following, please list the PERCENTAGE of your revenue for each:

Med Alert (wall pad) _____ % Med Alert (pendants) _____ % Temp Control _____ %



11. Do you manufacture any products? Yes No

12. Do you obtain a certificate of insurance from the manufacturer of the products you sell? Yes No
 Are the products from US manufacturers? Yes No

13. Do you sell any products under your own label? Yes No

14. Do you use only products approved by Factory Mutual or Underwriters Laboratories? Yes No

15. Do you have your own installation, maintenance-service or monitoring contract? Yes No
 a) If yes, attach an original copy of each contract
 b) If no, who's contract is signed at installation? _____

16. a) What percentage of your commercial installation clients have signed your contract? _____ %
 b) What percentage of your residential installation clients have signed your contract? _____ %

17. Total number of central station subscribers _____ Percent under contract _____ %

18. Do you monitor your own systems? Yes No
 a) *If no, who does the monitoring?* _____
 b) *Does a contract exist between you and the monitoring company?* Yes No
 c) *Do you require certificates of insurance from the monitoring company?* Yes No
 d) *Does the monitoring company name you as an additional insured?* Yes No

19. Have you sold your reoccurring revenue to another company? Yes No
 If yes, was this income reported on this application? Yes No

20. Do you subcontract any work (**other than monitoring**) to another company? Yes No
 a) Total Subcontractor Cost _____ % of Total Receipts that are Sub-Contracted _____ %
 b) If yes, does a contract exist between you and the company you sub-contract to? Yes No
 c) If yes, do you require certificates of insurance naming you as an additional insured ? Yes No
Attach copies of subcontractor insurance certificates provided by each subcontractor.

21. a) Do you have a written training manual and/or formal manufacturer's training? Yes No
 b) Do all employees go through on-the-job training? Yes No

22. a) Do you have written hiring procedures? Yes No
 b) Are all employees subject to a criminal background check at time of hire? Yes No

23. Do you save payroll, tax, client contracts and pre-employment employee screening business records for a minimum of 5 years? Yes No

24. Has your license ever been suspended or revoked or have you paid a fine or penalty for any reason over the past 5 years? Yes No

25. Have you ever filed for Bankruptcy? Yes No

26. Does your work require the use of scaffolding? Yes No
If yes, please explain safety measures:



27. Effective date: _____ to _____

28. Please provide the names of insurers, limits and premiums paid over the past five years:

Policy Period	Insurance Company	Limits	Deductible	Premium

29. During the past five years, have any claims been presented to your present or prior insurer? Yes No
Please attach updated historical insurance company claim reports (loss runs) for the last 5 policy periods.

30. Do you have any knowledge concerning any incidents that have occurred prior to the date of this application which may result in a future claim? *If yes, please provide detail below:* Yes No

31. Has your liability insurance ever been canceled, declined or non-renewed in the past 3 years? Yes No
If yes, please explain _____

32. Please provide a list of your 5 largest clients/projects expected over the NEXT 12 months

Client Name	Description of Services Provided

33. Does your company employ security officers to provide alarm or emergency response? Yes No

34. Have you installed any alarm systems in the past 10 years on a 2G platform? Yes No
Do you have a writtent plan to upgrade cellular equipment? Yes No
Did the contract signed by your client included a network upgrade disclaimer? Yes No
Do you have a notification mailing campaign to notify customers in place? Yes No

34. Do you provide other security guard services? *If yes, please fill out guard service addendum* Yes No

35. Do you currently perform or anticipate performing work at any of the following? (please check all that apply)

- Airports (passenger terminals)
- Airports (non-terminal)
- Banks (vaults)
- Bridges/Tunnels
- Low Income or HUD Housing
- Strike Work
- Nursing Homes
- Landmark Locations/Buildings
- Hospitals/Maternity Wards
- Nuclear Facilities
- Fire Suppression

36. Do you do work or provide services at **RESIDENTIAL new** construction sites? Yes No

a) *If yes, are you doing work or providing service for multi-unit complexes?* Yes No

37. Do you manufacture any proprietary products? Yes No

37a. *If YES, do you manufacture the products in the United States?* Yes No

37b. *If NO, do you use a third party manufacturer?* Yes No

If Yes, does the 3rd party provide evidence of liability insurance & name you as an additional insured? Yes No

Notice: Knowingly presenting false or misleading information in an application for insurance may be a crime and violation of law subjecting the applicant to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island & West Virginia applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alabama applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

Colorado applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia applicants: Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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.

Hawaii applicants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine 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 may include imprisonment, fines or a denial of insurance benefits.

Maryland applicants: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

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 materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime, and shall be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma applicants: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon applicants: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application or; (2) filing a claim containing a false statement as to any material fact maybe violating state law.

Pennsylvania applicants: 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.

Tennessee ,Virginia & Washington 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.

Arbitration statement

Applicable to Utah applicants if the policy will contain an arbitration clause:

Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of (the American Arbitration Association or other recognized arbitrator), a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgement in any court of proper jurisdiction.

Signature Section General Liability		
<hr/>	<hr/>	<hr/>
<i>Principal, Owner or Officer Signature</i>	<i>Title</i>	<i>Date</i>



Workers Compensation Section

Client Name: _____

One Blue Hill Plaza - Suite 530 - PO Box 1646 - Pearl River NY - 10965 - 845-735-0700 - 800-214-0207 - Fax 845-735-8383

1. Effective Date: _____ to _____
2. Federal ID Number: _____ NCCI/State ID Number: _____
3. List payroll by each State you are doing business in. Attach separate sheet if more than three states.

Class Code	State	State	State
Security Officers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Administration	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sales	<input type="text"/>	<input type="text"/>	<input type="text"/>
Executive Officers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investigators	<input type="text"/>	<input type="text"/>	<input type="text"/>
Central Station Operators	<input type="text"/>	<input type="text"/>	<input type="text"/>
Electronic Security Techs	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Administration	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sales	<input type="text"/>	<input type="text"/>	<input type="text"/>
Executive Officers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investigators	<input type="text"/>	<input type="text"/>	<input type="text"/>
Central Station Operators	<input type="text"/>	<input type="text"/>	<input type="text"/>
Electronic Security Techs	<input type="text"/>	<input type="text"/>	<input type="text"/>

4.	Policy Year	Insurance Company	Experience Mod	Premium



Workers Compensation Section

5. Please list your 8 largest clients based on revenue:

	Name of Client	Annual Revenue	# of Sites
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			

6. Employee pay scale (Hourly)

- a. Supervisors
- b. Unarmed Guards
- c. Armed Guards

Minimum	Maximum	Average

7. Has any company canceled or declined to renew? Yes No *If yes, please explain below:*

8. Maximum number of employees at any one WORKSITE during any shift or block of work time:

A Worksite is considered a separate worksite if security station is separated by more than 1,000 vertical feet

9. Do you perform work at any "landmark" locations as defined below Yes No

A Landmark is a building, district, site, structure, or object, officially recognized by the US government for its historical significance. Landmarks are designated by the US Secretary of the Interior because they are Sites where events of national historical significance occurred; Places where prominent Americans lived or worked; Icons of ideals that shaped the nation; Outstanding examples of design or construction; Places characterizing a way of life; or Archeological sites able to yield information

10. Do you perform work in any of the following cities: New York City Chicago Washington DC Boston

11. Does your firm perform security services at either of the following:

a) Nuclear Power Plants Yes No b) Chemical, Explosives or Weapons Manufacturers Yes No

12. Has a law enforcement agency or municipality hired your firm to act as police officers, sheriffs, constables or correction officers? Yes No

13. Do you provide any type of PDR, SWAT, ERS, Extraction or Repatriation services? Yes No

14. Does your company have the following:

- | | | | | | |
|---|-----|----|--|-----|----|
| a) A written safety policy and goals? | Yes | No | g) A formal accident review and investigation program? | Yes | No |
| b) Safety and training programs? | Yes | No | h) Employee involvement in inspection/safety committees? | Yes | No |
| c) A written drug and alcohol policy? | Yes | No | i) Physicals and periodic random drug testing? | Yes | No |
| d) A vehicle safety program for drivers and vehicles? | Yes | No | j) A transitional duty/light duty program for injured workers? | Yes | No |
| e) A designated safety coordinator? | Yes | No | k) Designated employee to coordinate claim activities? | Yes | No |
| f) Prompt reporting of all employee injuries? | Yes | No | l) Working w/ injured worker and insurer's physician panel? | Yes | No |

Principal, Owner or Officer Signature

Title

Date

Important !! Include Claim Reports for the past 3 policy terms with this application.

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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 materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime, and shall be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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Signature Section Workers Compensation		
_____	_____	_____
<i>Principal, Owner or Officer Signature</i>	<i>Title</i>	<i>Date</i>