



# 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>		
<b>Totals</b>		

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

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

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

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



## Reg. 194 Mandatory Initial Disclosure

*As required by the New York State Insurance Department*

As an independent insurance agent or insurance broker I, or my firm, (hereafter “I”) may have access to more than one insurance company to place your coverage. Whether acting as an independent insurance agent or insurance broker I have certain obligations to you as the purchaser and certain obligations to the insurance company as determined in both statutory and case law. If acting as an independent insurance agent I may have authority to obligate the insurance company on your behalf and as a result I may be required to act within the scope of my contractual agreement with the company.

As the purchaser you need to understand that I typically will receive compensation from the selling company based on the agreement I have with the company. That compensation may vary from company to company and also be impacted by the volume of business I place with the company, the profitability of that business and other factors.

You may receive information about my compensation on the policy or policies you select and about any policies I have presented to you which you did not select by asking me for the information.