



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:

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

10. If you have operations other than Locksmith, please provide the % breakout of sales:

Fire Only _____ % Med Alert (pendants) _____ % Temp Control _____ %
 Burglary Only _____ % Med Alert (wall pad) _____ %



11. Effective date: _____ to _____

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

Policy Period	Insurance Company	Limits	Deductible	Premium

13. 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.

14. 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

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

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

Client Name	Description of Services Provided

17. Do you do work for General Contractors that are building new residential homes? Yes No

18. Do you obtain a certificate of insurance from the manufacturer of the products you sell? Yes No

19. Do you currently have professional liability insurance? Yes No

20. 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

21. Does any of your work require the use of a scaffold? *If yes please describe safety measures* Yes No

Notice to applicants: this application must be completed in full as the quote will be based solely on the information provided. Any person who knowingly and with intent to defraud any insurance company or other person, 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. By signing this application, the signor warrants that to their best knowledge all information given is true and accurate.

Applicants Signature _____

Date _____

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>