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ALARM INSTALLERS SUPPLEMENTAL APPLICATION

1. Named Insured: _____

2. What type of alarm do you install (Fire, Security, or Other)? _____

Please explain: _____

3. Do you carry the state required license (if any)?: Yes No

4. Do you limit the maximum liability exposure for loss or damage via a contract with all customers? Yes No
If yes, please provide a copy of your contract.

5. Please advise the percentage breakdown of your work by type of client:

Commercial _____ % Institutional _____ %
Industrial _____ % Residential _____ %

6. Do you install, service or repair for the following:

- a) Correctional Institutions Yes No
- b) Financial Institutions Yes No
- c) Medical Facilities Yes No
- d) Medical Alarm Monitoring Yes No
- e) Residential Care Facilities Yes No

7. Are all alarms and products used UL approved and labeled? Yes No

8. What work experience and training do your employees have? _____

9. How long have you been installing alarms? _____

10. What guarantees or warranties do you offer? _____

Please explain: _____

11. Do you provide an alarm monitoring service? Yes No

12. Do you provide an alarm response service? Yes No

Signature of applicant: _____

Date: _____