

# Ashland General Agency, Inc.

## ALARM, FIRE EXTINGUISHER AND PROTECTION SYSTEMS SUPPLEMENTAL

(Complete in addition to the **Acord** General Liability Application)

(Answer **ALL** questions - if they do not apply, indicate not applicable)

NAME (include dba / Inc. / LLC) : \_\_\_\_\_

1. Business Description: \_\_\_\_\_
2. Number of years experience: \_\_\_\_\_ Number of years in business: \_\_\_\_\_ Currently:  Full Time  Part Time
3. Employee and Payroll information:  
 Number of owners: \_\_\_\_\_ Number of employees: \_\_\_\_\_ Annual employee payroll: \_\_\_\_\_
4. **Annual** Receipts **estimated** for the next 12 months: \$ \_\_\_\_\_ **Annual Receipts for prior 12 months:** \$ \_\_\_\_\_
5. Type of Operations Performed: (Show payroll for each operation the insured performs)

Operation	Payroll	Sales
Burglar alarms - residential	\$	\$
Burglar alarms - commercial	\$	\$
Fire alarms - residential	\$	\$
Fire alarms - commercial	\$	\$
Fire Extinguisher	\$	\$
Automatic sprinkler systems	\$	\$
Inspection and/or cleaning of automatic suppression and duct systems	\$	\$
Monitoring Alarm operations	\$	\$
Other (describe):	\$	\$
<b>Total:</b>	<b>\$</b>	<b>\$</b>

6. Is applicant licensed?.....  yes  no
7. Does applicant...
  - a) do any manufacturing?.....  yes  no
  - b) sell anything under own label?.....  yes  no  
 If the answer to either question is yes, please explain: \_\_\_\_\_
  - c) sell any items other than items which are installed by applicant?.....  yes  no  
 If yes, provide listing of products sold: \_\_\_\_\_  
 Sales amount for these products: \_\_\_\_\_
  - d) do design work for others?.....  yes  no  
 If yes, percent of operations: \_\_\_\_\_
  - e) design systems without performing installation?.....  yes  no  
 If yes, percent of operations: \_\_\_\_\_
  - f) install alarms, phones, or extinguishing systems in vehicles, mobile equipment, watercraft, or aircraft?.....  yes  no  
 If yes, explain: \_\_\_\_\_
  - g) install alarms or fire protection systems at institutional facilities such as hospitals, nursing homes, detention or correctional facilities?.....  yes  no  
 If yes, provide details and sales amount: \_\_\_\_\_
  - h) perform any filling of oxygen tanks including scuba?.....  yes  no  
 If yes, percent of operation: \_\_\_\_\_
  - i) install fire protection systems in refineries, nuclear power plants or facilities working with explosive materials or is applicant involved with any operations for offshore exposures including gas/oil rigs?.....  yes  no
  - j) have workers' Compensation coverage in force?.....  yes  no
  - k) lease employees?.....  yes  no
  - l) have a training program?.....  yes  no  
 If yes, describe: \_\_\_\_\_
  - m) subcontract work to others?.....  yes  no  
 If yes, what type of work? \_\_\_\_\_  
 Are certificate of insurance obtained from all subcontractors?.....  yes  no
  - n) limit his liability to a stated dollar amount (liquidated damages) on his standard alarm contract with his client?.....  yes  no  
 If yes, what is maximum limit allowed? \_\_\_\_\_
8. Please attach the following:
  - Any descriptive or advertising literature
  - Copy of usual performance contract with client
  - Any hold harmless agreements executed in favor of client

This supplemental application does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. 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.

Applicant's Signature \_\_\_\_\_ Print Signee \_\_\_\_\_ Date \_\_\_\_\_ Producer's Signature \_\_\_\_\_