

# BEDFORD UNDERWRITERS, LTD.

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## ALARM COMPANY GENERAL LIABILITY APPLICATION

1. Applicant: \_\_\_\_\_ Proposed Eff. Date: \_\_\_\_\_  
2. Street Address: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

Additional Locations, if any: \_\_\_\_\_

Please help us to keep our records up-to-date: If it is possible that we have your company listed in our files under a different address, please write the old name or address here: \_\_\_\_\_

3. Name of contact for inspection/audit: \_\_\_\_\_ Telephone No.: (\_\_\_\_) \_\_\_\_\_

4. Applicant is: Individual \_\_\_ Corporation \_\_\_ Partnership \_\_\_ Other \_\_\_

5. Coverages: \_\_\_\_\_

6. Limits: \$ \_\_\_\_\_ Each Occurrence \$ \_\_\_\_\_ Aggregate

7. Deductible: \$ \_\_\_\_\_ (including loss adjustment expenses)

- |                          | <u>ALARM PAYROLL</u> | <u>ALARM GROSS SALES</u> |
|--------------------------|----------------------|--------------------------|
| 8. a) Sales/Distribution | \$ _____             | \$ _____                 |
| Installation             | \$ _____             | \$ _____                 |
| Service/Repair           | \$ _____             | \$ _____                 |
| Monitoring               | \$ _____             | \$ _____                 |
| Manufacturing            | \$ _____             | \$ _____                 |
|                          | <u>CONTRACT COST</u> |                          |
| Independent Contractors  | \$ _____             |                          |

- b) Alarms are: \_\_\_\_\_% Fire \_\_\_\_\_% Medical Alert  
\_\_\_\_\_% Burglary \_\_\_\_\_% Temperature Control  
\_\_\_\_\_% Combination \_\_\_\_\_% Other (Intercom, CCTV, etc.)  
Describe: \_\_\_\_\_

- c) Customers are: \_\_\_\_\_% Commercial \_\_\_\_\_% Residential  
**California Accounts Only: Percent of Your Business Involving Installation Within New Construction: \_\_\_\_\_%**

- d) Total number of Customers: \_\_\_\_\_ Number under Contract: \_\_\_\_\_

- e) Does Applicant provide Monitoring Service? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Does Applicant provide Answering Service? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If Applicant does not monitor alarms, who does? \_\_\_\_\_

Does a contract exist between Applicant and the monitoring company? \_\_\_\_\_ **IF SO, PROVIDE COPY.**

9. Explain Alarm Response Procedures: \_\_\_\_\_

10. How long has Applicant owned this business? \_\_\_\_\_ Number of Years Experience in Alarm Field? \_\_\_\_\_

