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CENTRAL STATION MONITORING SERVICES SUPPLEMENTAL APPLICATION TELEPHONE ANSWERING AND PAGING SERVICE SUPPLEMENTAL APPLICATION

This Supplemental Application must be submitted along with our main Security Service Liability Insurance Application

1. Applicant Name

2. Description of Operations	Estimated Annual Income
<input type="checkbox"/> <u>Alarm Systems</u> - Monitoring	
Residential	\$ _____
Commercial	\$ _____
<input type="checkbox"/> <u>Fire Protection Systems</u> - Monitoring	
Residential	\$ _____
Commercial	\$ _____
<input type="checkbox"/> <u>Environmental Security Systems</u> - Monitoring	
Sewage Treatment Plants	\$ _____
Nuclear / Power Plants	\$ _____
Other: _____	\$ _____
<input type="checkbox"/> Telephone Answering Services	\$ _____
<input type="checkbox"/> 911 Emergency Services	\$ _____
<input type="checkbox"/> Paging Services	\$ _____
<input type="checkbox"/> Secretarial	\$ _____
<input type="checkbox"/> Other (Please describe)	\$ _____
Total Estimated Annual Income	\$ _____

3. Please indicate the percentage of your business for the following clients

Furriers/Jewellers _____ %	Financial Institutions _____ %	Retail _____ %
Major Public _____ %	Environmental _____ %	Storage _____ %
Residential _____ %	Other (Please describe) _____ %	

4. Please list your five (5) largest clients and describe the operations offered by these clients

5. **Questionnaire:**

a) Year your company was established? _____

b) What is your area of operation? _____

c) Are certificates issued? Yes No

If yes, types of certificates _____

d) Is your station U.L.C. listed? Yes No

Designation _____ Levels _____

e) Are security audits conducted? Yes No

If yes, by whom? _____ Frequency _____

f) Do you have written procedures for your operations? Yes No

g) Is there a formal training program for operators? Yes No

h) What is the minimum training or experience required for operators? _____

i) Is your monitoring system computerized? Yes No

j) Is access to monitoring facilities strictly controlled? Yes No

k) Minimum number of staff in attendance? _____

l) Is back up power available? Yes No

Describe procedures for system/power failure

Do you have an uninterrupted power source (UPS)? Yes No

How is the UPS maintained and by whom?

How many hours does the back-up system work for the event of power failure? Please provide details _____

Indicate the experience/qualification of the person providing maintenance to the UPS

- m) Are Runner/Guards dispatched? Yes No
 Own employees? _____ Other - describe _____
- n) Are customer's keys kept? Yes No
 If yes, how stored and identified? _____
- o) Who is installing & servicing alarm systems? Outside Contractors Own Contractors
 Describe _____

If you are installing and/or servicing alarm systems please complete the Installers Supplemental Application

- p) Do you require outside installers to provide evidence of liability insurance? Yes No
- q) Are there minimum requirements that installers must meet to be acceptable? Yes No
 Describe _____
- r) Do contracts attempt to limit liability? (attach copy) Yes No

This supplement attaches to and is part of the application that shall form the basis of the contract, should a policy be issued.

Completion of this application does not bind the company to provide the insurance. It is agreed, however, that this application shall form the basis of the contract, should the policy be issued by the Company.

I declare that to the best of my knowledge and belief, all of the foregoing statements are true and that these statements are the declarations upon which an insurance policy may be issued.

Date _____ Signature _____

Title _____

SUBMITTED BY: _____

E-MAIL: _____

Please Note:

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements. For purposes of the Insurance Companies Act (Canada), this document was issued in the course of South Western Insurance Group Ltd.'s insurance business in Canada.