PROTECTION SERVICES PROGRAM - SUPPLEMENTAL APPLICATION

ALARM AND FIRE PROTECTION SYSTEM FIRM

(Required in addition to the "APPLICATION FOR GENERAL LIABILITY INSURANCE - PROTECTION SERVICES" form)

Breakdown of your revenue: Residential _____%   Commercial _____%   Industrial _____%   Agricultural _____%

Do you provide any service at airports: Yes ☐ No ☐

Please described minimum training or experience: _____

Does firm and employees carry appropriate licenses: Yes ☐ No ☐ List: _____

Are jobs inspected by a supervisor or foreman: Yes ☐ No ☐   Name: _____

Qualifications: _____ _____ Years   Experience _____

Do you install only ULC approved equipment: Yes ☐ No ☐   If no, explain: _____

Do you always follow the manufacturer's instructions: Yes ☐ No ☐   If no, explain: _____

Are both written and verbal operating instructions provided to the customer: Yes ☐ No ☐

Do you sell monitoring services with the installation of alarms systems: Yes ☐ No ☐ If yes, estimated revenue $ _____

Name of firm that does the monitoring: _____

Do you obtain proof of insurance from all your suppliers: Yes ☐ No ☐

***IF THE APPLICANT DOES PROVIDE ALARM MONITORING SERVICES – PLEASE COMPLETE THE FOLLOWING:

What percentage of your total revenue is derived form monitoring services: _____%?

Please provide % split: Residential _____%   Commercial _____%   Industrial _____%   Agricultural _____%

Provide % of operations: Paging Services _____%   Telephone Answering Service _____%   Emergency 911 _____%

Other _____%   Please Specify: _____

Is your station ULC listed: Yes ☐ No ☐ If not, is your monitoring system computerized? _____

Do you have a backup power source: Yes ☐ No ☐

Is there a training program for operators: Yes ☐ No ☐   Written procedures for operators: Yes ☐ No ☐

How many years have you provided monitored station services: _____

DECLARATION / CONSENT:

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Applicant Signature: _____   Date: _____

Broker Signature: _____   Date: _____

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

** Email application and attachments to - newbizcommercial@premiergroup.ca **
Vancouver - T 604.669.5211   F 604.669.2667   London - T 519.850.1610   F 519.850.1614