



ALARM INSTALLERS PROGRAM SUPPLEMENTAL APPLICATION

AGENCY INFORMATION

Max Specialty

APPLICANT INFORMATION

EFFECTIVE DATE: _____

1. NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
TELEPHONE: _____ WEBSITE: _____
TERM: _____ YEARS IN BUSINESS: _____ NEW VENTURE: YES NO
2. DO YOU REQUIRE INSTALLERS ERRORS & OMISSIONS COVERAGE? YES NO
IF YES, WHAT LIMIT? _____
3. ESTIMATED ANNUAL PAYROLL \$ _____ ESTIMATED ANNUAL RECIEPTS \$ _____
4. NUMBER OF EMPLOYEES: FULL TIME _____ PART TIME _____
5. DO YOU USE SUBCONTRACTORS? YES NO
IF YES, WHAT IS THE ANNUAL COST? _____
6. DESCRIBE APPLICANT'S OPERATIONS (ALL OPERATIONS MUST BE ELIGIBLE IN ORDER TO QUALIFY FOR THIS PROGRAM)

7. ALARM INSTALLATION SERVICE, REPAIR: _____% RESIDENTIAL _____% COMMERCIAL _____% OTHER
8. OF TOTAL "RESIDENTIAL" WORK, HOW MUCH IS DONE IN NEW TRACT HOUSING UNDER CONSTRUCTION? _____%
9. LARGEST JOB (SALES) \$ _____ TYPICAL JOB (SALES) \$ _____
10. ANY SECURITY CONSULTING? YES NO
11. ANY MONITORING OF ALARM SYSTEMS? YES NO
12. ANY INSTALLING, SERVICING, REPAIR OF:
MEDICAL ALERT SYSTEMS? YES NO MOTOR VEHICLE ALARMS? YES NO
13. APPLICANT SIGNATURE: _____ DATE: _____
14. PRODUCER NAME & ADDRESS _____