



Return Applications to:  
**Fox Point Programs, Inc.**  
 3001 Philadelphia Pike  
 Claymont, DE 19703  
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 Fax: 302-765-2088  
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## Alarm Liability Application

### Section 1-General Information

Applicant Legal Name (Including dba's): \_\_\_\_\_

Name to appear on company license: \_\_\_\_\_

Owner: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location Address: \_\_\_\_\_

Company License #(s): \_\_\_\_\_

Individual: \_\_\_ Partnership: \_\_\_ Corporation: \_\_\_ Other: \_\_\_

Number of years in business: \_\_\_\_\_ FEIN #: \_\_\_\_\_

Effective date desired: \_\_\_\_\_ to \_\_\_\_\_

#### Limits of Liability

Occurrence: \$ \_\_\_\_\_

Products/ Completed Operations: \$ \_\_\_\_\_

Aggregate: \$ \_\_\_\_\_

**\*\*\*\*Very Important\*\*\*\***

**The carrier will not allow a quote to be released until they have reviewed your company's contract. Please return with application. The "limitation of liability" or "liquidated damages" must be legible.**

### Section II- Total Estimated Annual Revenue

Estimated Revenue for next 12 months (not including monitoring revenue): \_\_\_\_\_

Estimated monitoring revenue: \_\_\_\_\_

% of revenue generated by jobs subcontracted to insured companies: \_\_\_\_\_



Number of technicians not including owner: \_\_\_\_\_

Annual payroll for technicians not including clerical/admin/owner(s): \_\_\_\_\_

Revenue for previous 12 months: \_\_\_\_\_

Owner(s) payroll (only if Field Work is performed by owner(s)): \_\_\_\_\_

## Section III – Current Insurance Information

Carrier: \_\_\_\_\_ Expiration date: \_\_\_\_\_

General Aggregate: \_\_\_\_\_ Occurrence: \_\_\_\_\_

Claim History (Please provide 5 years current valued loss runs):

Prior Year: \_\_\_\_\_

1<sup>st</sup> Prior Year: \_\_\_\_\_

2<sup>nd</sup> Prior Year: \_\_\_\_\_

3<sup>rd</sup> Prior Year: \_\_\_\_\_

4<sup>th</sup> Prior Year: \_\_\_\_\_

Premium: \_\_\_\_\_

## Section IV - Operations

Do you operate in any other states? \_\_\_ Yes \_\_\_ No

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

### Operations are:

\_\_\_ % Fire Alarm    \_\_\_ % Burglar Alarm    \_\_\_ % Combination    \_\_\_ % Home Theater

\_\_\_ % Medical Alert    \_\_\_ % Temp. Control    \_\_\_ % Closed Circuit

\_\_\_ % Preconstruction Wiring/Conduit    \_\_\_ % Other

### Client Base

\_\_\_ % Commercial    \_\_\_ % Apartments    \_\_\_ % Industrial    \_\_\_ % Single Family

\_\_\_ % Institutional    \_\_\_ % Condos    \_\_\_ % New Home Builders



**\*\* Please describe the type of work being done for New Home Builders i.e. tract homes, condominiums, custom homes. A “tract home” is defined as a development of five or more individual and freestanding houses which share common or similar design elements, floor plans, blueprints and/or architectural details, and/or which are constructed at the same time, or consecutively, on the same parcel, adjacent parcels, or parcels so located within one geographic area to be considered a single project.\*\***

**Description:**

**\*\* If a portion of the work you are doing for new home builders is for tract homes or condos and another portion is for custom homes, please provide percentages for each(mush equal 100%)\*\***

Tract homes, Condos, Townhouses: \_\_\_ % Custom Homes \_\_\_ %

Total number of customers: \_\_\_\_\_

Number under contract: \_\_\_\_\_

Do you install alarm or service safety equipment in:

Nursing Homes: \_\_\_ Yes \_\_\_ No Medical Facilities: \_\_\_ Yes \_\_\_ No

Correctional Facilities: \_\_\_ Yes \_\_\_ No Detection Facilities: \_\_\_ Yes \_\_\_ No

If yes, what percentage of your total work is designated to this? \_\_\_\_\_

Does your company do its own monitoring? \_\_\_ Yes \_\_\_ No

If no, please provide the name of monitoring company detection facilities:

## Section V – Alarm Response

Do you provide security/patrol response to your customers if and when Police/Fire/EMT's do not respond? \_\_\_ Yes \_\_\_ No

If yes, are the responders employees, or hired/contracted for this service? \_\_\_\_\_

Fully describe alarm response procedures:

If responders are not employees, do you have a written contract with the security company that provides the response? \_\_\_ Yes \_\_\_ No



If you have a contract with the security company, is either part holding the other harmless/providing indemnification?  Yes  No

If yes, provide details:

Do any employees or subcontractors carry firearms?  Yes  No

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_