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**ALARM & FIRE EXTINGUISHER SYSTEMS INSTALLATION, SERVICING, OR REPAIR
GENERAL LIABILITY SUPPLEMENT**

(Include Acord application)

Applicant's Name: _____ Location Address: _____
Mailing Address: _____

How long has applicant been in business? _____ years Total number of employees _____

Is applicant licensed? Yes No

Estimated annual: Payroll \$ _____ Sales \$ _____ Cost of subcontractors\$ _____

Operations of applicant (show sales and payroll for each)

Operation	Sales	Payroll	Operation	Sales	Payroll
Burglar alarms – residential	\$	\$	Power plants	\$	\$
Burglar alarms – commercial	\$	\$	Off-shore, including oil/gas rigs	\$	\$
Fire alarms – residential	\$	\$	Watercraft/aircraft	\$	\$
Fire alarms – commercial	\$	\$	Traffic control	\$	\$
Fire extinguisher	\$	\$	Couriers	\$	\$
Automatic sprinkler systems	\$	\$	Shoplifting	\$	\$
Inspection and/or cleaning of automatic suppression and duct systems	\$	\$	Repossession/collections	\$	\$
Alarm monitoring (if any medical alarm monitoring, show separate sales for same.)	\$	\$	Crowd control	\$	\$
Monitoring, installation, servicing or repair of emergency medical alert systems or nurse call buttons.	\$	\$	Credit Bureau Services	\$	\$
			Other (describe)	\$	\$
Refineries	\$	\$			
Any operations involving:					
Airports	\$	\$	Care facilities	\$	\$
Correction/detention centers	\$	\$	Financial institutions	\$	\$
Vehicle installation	\$	\$	Response services	\$	\$
Armored car	\$	\$	Other (describe):	\$	\$

Do all systems carry a UL approved or FM listed? Yes No

Does applicant do any manufacturing? Yes No

Does applicant sell anything under own label? Yes No

If yes to either question, please explain: _____

Does applicant sell any items other than items which are installed by applicant? Yes No

If yes, provide listing of products sold: _____

Sales amount for these products? _____

Does applicant do design work for others? Yes No If yes, % of operation: _____%

Does applicant design systems without performing installation? Yes No If yes, % of operation: _____%

Does applicant perform any filing or oxygen tanks including scuba? Yes No If yes, % of operation: _____%

Does applicant have Workers Compensation coverage in force? Yes No

Does applicant lease employees? Yes No

Does applicant have a training program? Yes No
 If yes, describe: _____

Are pre-employment screenings including police/criminal background checks on all employees? Yes No

Does applicant subcontract work to others? Yes No

If yes, what type of work? _____

Are certificates of insurance obtained from ALL subcontractors? Yes No

- Please attach: (A) Any descriptive or advertising literature
 (B) Copy of usual performance contract with client
 (C) Any hold harmless agreements executed in favor of client.

Does applicant limit his liability to a stated dollar amount (liquidated damages) on his standard alarm contract with his client? Yes No

If yes, what is the maximum allowed? _____

During the past three years, has any company ever cancelled, declined, or refused to issue similar insurance to the applicant? *Not applicable in Missouri* Yes No

If yes, please explain: _____

Loss History – Three Year Period

Year	Company	Policy #	Premium	Losses Paid	Losses Reserved	Description

Schedule of Hazards

Location No.	Classification	Class Code	Premium Bases: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Others	Terr	Rate		Premium	
					Prem/Ops	Products/ Comp Ops	Prem/Ops	Products/ Comp Ops

Attach a copy of contract.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature

Producer's Signature

Date