



# Electronic Security Application

## Commercial General Liability

### Including Errors & Omissions

One Blue Hill Plaza  
Suite 530  
Pearl River NY 10965  
Ph 800-214-0207  
Fax 845-735-8383  
www.mechanicgroup.com

1. Business Name(s): \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Business is:     Corporation             Partnership             Individual            

Year Started

  
                           Ltd. Liab. Corp         Other \_\_\_\_\_

4. Person to contact: \_\_\_\_\_ Email \_\_\_\_\_

5. Phone # \_\_\_\_\_ Fax \_\_\_\_\_ Website \_\_\_\_\_

6. FEIN # \_\_\_\_\_ License # \_\_\_\_\_ State(s) Licensed \_\_\_\_\_

7. Have you operated or owned any other similar business under a different name?     Yes     No  
 If yes, what was the name you operated under? \_\_\_\_\_

8. Name of subsidiaries owned or controlled: \_\_\_\_\_

**9. Breakdown of operations:**

a) Total number of employees: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

b) Provide the estimated payrolls and receipts/sales for the upcoming policy period:

Type of Work	Payroll	Gross Revenue
Alarm Installation, Service, Repair or Maintenance		
Central Station Monitoring	Retail	
	Wholesale	
CCTV/Intercom/Audio-Video/Telephone		
Access Control		
Locksmith		
Electrical Distributor		
Other <i>(describe below)</i>		
<b>Totals</b>		

10. a) Percentage of work is:        Commercial \_\_\_\_\_ %        Residential \_\_\_\_\_ %

b) Percentage of Installations are:    Central \_\_\_\_\_ %        Local \_\_\_\_\_ %

c) If you provide any of the following, please list the PERCENTAGE of your revenue for each:

Med Alert (wall pad) \_\_\_\_\_ %        Med Alert (pendants) \_\_\_\_\_ %        Temp Control \_\_\_\_\_ %



11. Do you manufacture any products?  Yes  No

12. Do you obtain a certificate of insurance from the manufacturer of the products you sell?  Yes  No  
 Are the products from US manufacturers?  Yes  No

13. Do you sell any products under your own label?  Yes  No

14. Do you use only products approved by Factory Mutual or Underwriters Laboratories?  Yes  No

15. Do you have your own installation, maintenance-service or monitoring contract?  Yes  No  
 a) If yes, attach an original copy of each contract  
 b) If no, who's contract is signed at installation? \_\_\_\_\_

16. a) What percentage of your commercial installation clients have signed your contract? \_\_\_\_\_ %  
 b) What percentage of your residential installation clients have signed your contract? \_\_\_\_\_ %

17. Total number of central station subscribers \_\_\_\_\_ Percent under contract \_\_\_\_\_ %

18. Do you monitor your own systems?  Yes  No  
 a) *If no, who does the monitoring?* \_\_\_\_\_  
 b) *Does a contract exist between you and the monitoring company?*  Yes  No  
 c) *Do you require certificates of insurance from the monitoring company?*  Yes  No  
 d) *Does the monitoring company name you as an additional insured?*  Yes  No

19. Have you sold your reoccurring revenue to another company?  Yes  No  
 If yes, was this income reported on this application?  Yes  No

20. Do you subcontract any work (**other than monitoring**) to another company?  Yes  No  
 a) Total Subcontractor Cost \_\_\_\_\_ % of Total Receipts that are Sub-Contracted \_\_\_\_\_ %  
 b) If yes, does a contract exist between you and the company you sub-contract to?  Yes  No  
 c) If yes, do you require certificates of insurance naming you as an additional insured ?  Yes  No  
*Attach copies of subcontractor insurance certificates provided by each subcontractor.*

21. a) Do you have a written training manual and/or formal manufacturer's training?  Yes  No  
 b) Do all employees go through on-the-job training?  Yes  No

22. a) Do you have written hiring procedures?  Yes  No  
 b) Are all employees subject to a criminal background check at time of hire?  Yes  No

23. Do you save payroll, tax, client contracts and pre-employment employee screening business records for a minimum of 5 years?  Yes  No

24. Has your license ever been suspended or revoked or have you paid a fine or penalty for any reason over the past 5 years?  Yes  No

25. Have you ever filed for Bankruptcy?  Yes  No

26. Does your work require the use of scaffolding?  Yes  No  
*If yes, please explain safety measures:*



27. Effective date: \_\_\_\_\_ to \_\_\_\_\_

28. Please provide the names of insurers, limits and premiums paid over the past five years:

Policy Period	Insurance Company	Limits	Deductible	Premium

29. During the past five years, have any claims been presented to your present or prior insurer?  Yes  No  
*Please attach updated historical insurance company claim reports (loss runs) for the last 5 policy periods.*

30. Do you have any knowledge concerning any incidents that have occurred prior to the date of this application which may result in a future claim? *If yes, please provide detail below:*  Yes  No

31. Has your liability insurance ever been canceled, declined or non-renewed in the past 3 years?  Yes  No  
If yes, please explain \_\_\_\_\_

32. Please provide a list of your 5 largest clients/projects expected over the NEXT 12 months

Client Name	Description of Services Provided

33. Does your company employ security officers to provide alarm or emergency response?  Yes  No  
*If yes, please describe procedures and duties for response along with training requirements below:*

34. Do you provide other security guard services? *If yes, please fill out guard service addendum*  Yes  No

35. Do you currently perform or anticipate performing work at any of the following? (please check all that apply)

- Airports (passenger terminals)
- Airports (non-terminal)
- Banks (vaults)
- Bridges/Tunnels
- Low Income or HUD Housing
- Strike Work
- Nursing Homes
- Landmark Locations/Buildings
- Hospitals/Maternity Wards
- Nuclear Facilities
- Fire Suppression

34. Do you do work or provide services at **RESIDENTIAL new** construction sites?  Yes  No  
a) *If yes, are you doing work or providing service for multi-unit complexes?*  Yes  No

Notice to applicants: this application must be completed in full as the quote will be based solely on the information provided. Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. By signing this application, the signor warrants that to their best knowledge all information given is true and accurate.

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_



# Workers Compensation Section

Client Name: \_\_\_\_\_

One Blue Hill Plaza - Suite 530 - PO Box 1646 - Pearl River NY - 10965 - 845-735-0700 - 800-214-0207 - Fax 845-735-8383

1. Effective Date: \_\_\_\_\_ to \_\_\_\_\_
2. Federal ID Number: \_\_\_\_\_ NCCI/State ID Number: \_\_\_\_\_
3. List payroll by each State you are doing business in. Attach separate sheet if more than three states.

Class Code	State <input type="text"/>	State <input type="text"/>	State <input type="text"/>
Security Officers			
Administration			
Sales			
Executive Officers			
Investigators			
Central Station Operators			
Electronic Security Techs			

Class Code	State <input type="text"/>	State <input type="text"/>	State <input type="text"/>
Security Officers			
Administration			
Sales			
Executive Officers			
Investigators			
Central Station Operators			
Electronic Security Techs			

4.	Policy Year	Insurance Company	Experience Mod	Premium



**Workers Compensation Section**

5. Please list your 8 largest clients based on revenue:

	Name of Client	Annual Revenue	# of Sites
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			

6. Employee pay scale (Hourly)

- a. Supervisors
- b. Unarmed Guards
- c. Armed Guards

Minimum	Maximum	Average

7. Has any company canceled or declined to renew?      Yes      No      *If yes, please explain below:*

8. Maximum number of employees at any one WORKSITE during any shift or block of work time:

*A Worksite is considered a separate worksite if security station is separated by more than 1,000 vertical feet*

9. Do you perform work at any "landmark" locations as defined below      Yes      No

*A Landmark is a building, district, site, structure, or object, officially recognized by the US government for its historical significance. Landmarks are designated by the US Secretary of the Interior because they are Sites where events of national historical significance occurred; Places where prominent Americans lived or worked; Icons of ideals that shaped the nation; Outstanding examples of design or construction; Places characterizing a way of life; or Archeological sites able to yield information*

10. Do you perform work in any of the following cities:      New York City      Chicago      Washington DC      Boston

11. Does your firm perform security services at either of the following:

a) Nuclear Power Plants      Yes      No      b) Chemical, Explosives or Weapons Manufacturers      Yes      No

12. Has a law enforcement agency or municipality hired your firm to act as police officers, sheriffs, constables or correction officers?      Yes      No

13. Do you provide any type of PDR, SWAT, ERS, Extraction or Repatriation services?      Yes      No

14. Does your company have the following:

- |   |     |    |  |     |    |
|---|-----|----|--|-----|----|
| a) A written safety policy and goals?                 | Yes | No | g) A formal accident review and investigation program?         | Yes | No |
| b) Safety and training programs?                      | Yes | No | h) Employee involvement in inspection/safety committees?       | Yes | No |
| c) A written drug and alcohol policy?                 | Yes | No | i) Physicals and periodic random drug testing?                 | Yes | No |
| d) A vehicle safety program for drivers and vehicles? | Yes | No | j) A transitional duty/light duty program for injured workers? | Yes | No |
| e) A designated safety coordinator?                   | Yes | No | k) Designated employee to coordinate claim activities?         | Yes | No |
| f) Prompt reporting of all employee injuries?         | Yes | No | l) Working w/ injured worker and insurer's physician panel?    | Yes | No |

\_\_\_\_\_  
Principal, Owner or Officer Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Important !! Include Claim Reports for the past 3 policy terms with this application.**