



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

Year Started

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:

Operations	Payroll	Sales
Locksmith		

Other Operations:

Alarm Installation, Service, Repair or Maintenance			
Central Station Monitoring	Retail		
	Wholesale		
CCTV/Intercom/Audio-Video/Telephone			
Access Control			
Electrical Distributor			
Other (describe below)			
Totals			

10. If you have operations other than Locksmith, please provide the % breakout of sales:

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



11. Effective date: \_\_\_\_\_ to \_\_\_\_\_

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

Policy Period	Insurance Company	Limits	Deductible	Premium

13. 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.*

14. 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

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

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

Client Name	Description of Services Provided

17. Do you do work for General Contractors that are building new residential homes?  Yes  No

18. Do you obtain a certificate of insurance from the manufacturer of the products you sell?  Yes  No

19. Do you currently have professional liability insurance?  Yes  No

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

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

21. Does any of your work require the use of a scaffold? *If yes please describe safety measures*  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 \_\_\_\_\_