

**SECURITY CONTRACTING “SMALL ALARM” PROGRAM
SUPPLEMENTAL APPLICATION**

SEND SUBMISSIONS TO:

submissions@euclidsecurityins.com**RISKS QUALIFYING FOR “SMALL ALARM” PROGRAM**

If applicant does not meet the following criteria, please complete the Euclid Security Contracting Alarm Services (not “Small Alarm” Program) supplemental application instead:-

- Applicant sales/revenue is \$2,500,000 or less
- Applicant sales/revenue has not increased by more than 50% compared to prior year
- Applicant has not acquired or merged with another business in the last five years
- Applicant must have three years or more of operating history or satisfactory owner/management team for new ventures
- Applicant does not use any Insured or Uninsured Subcontractors
- Applicant does not require excess coverage over Auto or EL policies (GL only, if required)
- Applicant does not have any GL/Excess claims in the last 5 years
- Applicant does not have or plan to have any contracts for the client base or operations shown as **Excluded/Ineligible** under questions **19. Client Base** and **20. Types of Operations**.

Note: By continuing to complete this application, Applicant affirms that they meet the above criteria and acknowledges that any insurance offered by Euclid Security Programs LLC may be cancelled for underwriting reasons if the above criteria are not met.

Please check box to agree: ☐ Affirm

PRODUCT

1. ☐ General Liability (w/ Errors and Omissions) ☐ Supported Excess Liability

PRODUCER

2. Producer Name:

3. Producer Contact:

4. Street Address:

Mailing Address (if different):

5. Email Address:

6. Phone:

APPLICANT

7. Applicant – Legal Name:

List all DBAs:

8. Street Address:			
Mailing Address (if different):			
Additional Locations (if applicable):			
	(Use worksheet if additional space is necessary)		
Please list any prior company names:			
9. Web-Site Address:			
10. Name of contact person for inspection/audit:	Name:	Telephone:	
	Email:		
11. Applicant is:	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Describe):		
12. Policy Effective Date Desired:			
BUSINESS INFORMATION			
13. Years In Business under this legal entity:		Years of experience in Alarm field:	
Describe security alarm industry experience of all principals/owners: (Note that for new ventures, or risks in business less than 5 years, copies of resumes are required)			
Please describe experience of principals/owners:	Owner Name(s)	Ownership %	Active in Field?
Please list owners:	Owner 1:	1: %	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner 2:	2: %	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner 3:	3: %	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Applicant involved in any other operations?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other states of operations?			
Is the Company a division of a larger corporation or a subsidiary?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any carrier non-renewed or cancelled Applicant's business? (not applicable in MO)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Applicant had any lapse in coverage?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of lapse:			
Is Applicant aware of any incidents, complaints, or suspected matters in the past 5 years which may result in claims against you?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant use written contracts with its clients?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what % of clients are under contract?			%

14. Revenue, Staffing, and Payroll (Projected)				
Total Projected Revenue:		\$		
Installation / Service / Repair Revenue:		\$	Other Revenue:	\$
Provide the details of projected staffing, related revenue, and payroll:				
Classification	# of Total Staff	# of Full-time Staff	Revenue	Annual Payroll
Owners / Execs / Clerical / Sales / Admin. Supervisors			\$	\$
Supervisors - Field			\$	\$
Installation / Service			\$	\$
Total			\$	\$
Please provide the average years of employment for:				
Supervisors:			Installers/Service:	
15. Provide the names of Applicant's three largest clients or projects and a description of your work:				
Client 1:-				
Client 2:-				
Client 3:-				
16. Policies and Procedures (check all if applicable):				
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Designated safety coordinator <input type="checkbox"/> Personal protective equipment provided to employees <input type="checkbox"/> Prompt reporting of all employee injuries <input type="checkbox"/> Physicals required at the time of hiring <input type="checkbox"/> Random drug testing <input type="checkbox"/> Group transportation of employees </div> <div style="width: 50%;"> <input type="checkbox"/> Regularly scheduled safety meetings <input type="checkbox"/> Formal accident and investigation program <input type="checkbox"/> Transitional plan for injured workers <input type="checkbox"/> Written drug and alcohol policy <input type="checkbox"/> Company sponsored health plans offered <input type="checkbox"/> Formal training program </div> </div>				
PERSONNEL SELECTION AND TRAINING				
17. Pre-employment Screening Procedure (check all if applicable):				
<input type="checkbox"/> Prior Employment Check <input type="checkbox"/> Personal Reference <input type="checkbox"/> Psychological Testing <input type="checkbox"/> Criminal Background Check <input type="checkbox"/> Drug Screening <input type="checkbox"/> MVR <input type="checkbox"/> Physical Exam <input type="checkbox"/> Other: _____				
18. Training Program Includes (check all if applicable):				
<input type="checkbox"/> Written Manual <input type="checkbox"/> Report Writing <input type="checkbox"/> Classroom <input type="checkbox"/> On the Job <input type="checkbox"/> 8 hours or more required				
Trade Association Membership held?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list Associations:				
Is the Applicant and all of your employees licensed as required by law in the jurisdictions in which you operate?				<input type="checkbox"/> Yes <input type="checkbox"/> No

ALARM OPERATIONS BREAKDOWN (Operations must equal a total of 100%)			
19. Client Base		New Construction	Rehab / Retrofit / Service / Repair
Commercial / Industrial:		%	%
Institutional - Penal:		%	%
Institutional - Other:		%	%
Apartments / Condo Towers:		Ineligible	%
Tract Housing:		Ineligible	%
Condos - detached:		Ineligible	%
Townhomes:		Ineligible	%
Custom Homes – single family residences:		%	%
Custom Homes – high value dwellings:		%	%
Other: _____		%	%
Grand Total:		%	
20. Type of Operations (Must match Total Revenue / Sales provided in response to question 14. above)			
Excluded / Ineligible Operations for “Small Alarm” Program – If you currently, or plan to have contracts for the following types of operations, please complete the Euclid Security Contracting Alarm Services (not “Small Alarm” Program) supplemental application instead:-			
Alarm Response	Personal Emergency Response Systems (PERS)	Alarm Monitoring	Utility Monitors (HVAC, Gas, Water)
New construction of tract housing, condominiums, townhouses, mixed use projects and apartments			
Note: By continuing to complete this application, Applicant affirms that they have no knowledge of current or future contracts, in the above listed Excluded/Ineligible operations and acknowledges that any insurance offered by Euclid Security Programs LLC will not provide coverage for any of the Excluded/Ineligible Operations noted above.			
Please check box to agree: <input type="checkbox"/> Affirm			
Alarm Systems	Installation / Service Revenue	Monitoring Revenue	
Access Control (Cells, Doors, Gates, Locksmith, etc.)	\$	\$	
Burglary (Perimeter, Glass Break, Motion, etc.)	\$	\$	
Carbon Monoxide / Radon Detection	\$	\$	
Central Vacuum	\$	\$	
Closed Circuit TV / Camera	\$	\$	
Facial Recognition	\$	\$	
Fire / Smoke / Heat Detection	\$	\$	
Home Theater / Intercom	\$	\$	
Infrared	\$	\$	

Operations contd.	Installation / Service Revenue	Monitoring Revenue
Preconstruction Wiring / Conduit / Low Voltage	\$	\$
Smart Home	\$	\$
Temperature Control	\$	\$
Water Backup / Water Flow	\$	\$
Other: _____	\$	\$
Grand Totals:	\$	\$

Please provide additional information regarding your operations as described below:

Does Applicant sell monitoring services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant perform work at airports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant perform work at medical facilities or nursing homes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant perform work at penal institutions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant perform any design work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant perform work at globally recognized buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant perform any work at any buildings over 4 stories?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant perform any work at facilities where explosives are handled/stored, chemical plants, refineries, nuclear power plants, or similar hazardous occupancies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant perform any temperature control work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant perform Security/Patrol response for their customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant carry firearms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant sell, distribute, install, service, or manufacture any safety equipment (other than alarm systems)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL LIABILITY (w/ ERRORS & OMISSIONS)

21. Coverage Limits Requested:	Occurrence:	\$	Aggregate:	\$
22. Deductible Requested (Incl. ALAE):				
23. Please list the Applicant's General / Errors & Omissions Liability Insurance Coverage carried during the past five (5) years, including any periods without coverage. <input type="checkbox"/> (check here if Applicant has no prior coverage)				

Name of Insurer	Policy Period	Limits of Liability	Deductible	Premium
		\$ _____ Occ./\$ _____ Agg		
		\$ _____ Occ./\$ _____ Agg		
		\$ _____ Occ./\$ _____ Agg		
		\$ _____ Occ./\$ _____ Agg		
		\$ _____ Occ./\$ _____ Agg		

24. Additional coverages requested:				
<input type="checkbox"/> Care, Custody, and Control	<input type="checkbox"/> Damage to Property	Limits: \$ _____		
<input type="checkbox"/> Extended Property Damage	<input type="checkbox"/> W/Employee Theft or Dishonesty	Limits: \$ _____		
<input type="checkbox"/> Additional Insured:	<input type="checkbox"/> Specific: _____	<input type="checkbox"/> Blanket		
<input type="checkbox"/> Hired and Non-Owned Auto:	Limits: \$ _____			
Note: If HNOA coverage is requested, applicant must also complete the separate HNOA supplemental application.				
EXCESS LIABILITY				
25. LIMITS REQUESTED:	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000			
26. Please list the Applicant's Excess Liability Insurance Coverage carried during the past five (5) years, including any periods without coverage. <input type="checkbox"/> (check here if Applicant has no prior coverage)				
Name of Insurer	Policy Period	Limits of Liability	Retained Limit	Premium
		\$ _____ Occ./\$ _____ Agg		
		\$ _____ Occ./\$ _____ Agg		
		\$ _____ Occ./\$ _____ Agg		
		\$ _____ Occ./\$ _____ Agg		
		\$ _____ Occ./\$ _____ Agg		
Underlying Insurance Requirements				
27. COVERAGE REQUESTED:	N/A Auto Liability N/A Employer's Liability <input type="checkbox"/> GL only			
NOTE: If applicant is requesting excess to attach over Auto and Employer's Liability coverages, please complete the Euclid Security Contracting Alarm Services (<u>not</u> "Small Alarm" Program) supplemental application instead.				

INITIAL SUBMISSION REQUIREMENTS	
28. General Liability (w/ Errors and Omissions)	
<ul style="list-style-type: none"> • Sample copies of contracts used with clients • Carrier (and TPA if applicable) loss runs for the preceding 5 years (must be currently valued within past 60 days) • Detailed description of all claims with more than \$25K incurred • Owner(s) resume or background information if Applicant has been in business for less than 3 years 	
29. Excess Liability	
<ul style="list-style-type: none"> • If Standalone Excess Liability, same required information as General Liability (w/ Errors and Omissions) • Carrier (and TPA if applicable) loss runs for the preceding 5 years (must be currently valued within past 60 days) 	

FRAUD NOTICE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA, VT, WA or WV – see Additional Fraud Notices for these States below).

ADDITIONAL FRAUD NOTICES

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

Applicant Name (Printed)

Applicant Title

Applicant Signature*

*** ELECTRONIC SIGNATURE AND ACCEPTANCE**

PRODUCER INFORMATION:

Producer Name (Printed)

Producer Signature*

*** ELECTRONIC SIGNATURE AND ACCEPTANCE**

You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.