

- 1. APPLICANT: \_\_\_\_\_
- 2. PRINCIPAL BUSINESS ADDRESS: \_\_\_\_\_
- 3. GROSS INSTALLATION SALES (meaning revenues derived from sales including installation charges):
  - A. Past 12 months: \$ \_\_\_\_\_
  - B. Next 12 months (estimated): \$ \_\_\_\_\_

4. DESCRIBE NATURE OF PROPERTY INSTALLED:

\_\_\_\_\_

\_\_\_\_\_

- 5. INSTALLATIONS:
  - A. Average number of days to complete an installation: \_\_\_\_\_
  - B. Average number of installations annually: \_\_\_\_\_
  - C. Average value of normal installation: \_\_\_\_\_

- 6. COMMENT AS RESPECTS ANY JOBS PERFORMED OR TO BE PERFORMED INVOLVING:
  - A. Values in excess of the normal average job indicated in 5.C. above: \$ \_\_\_\_\_
  - B. Property other than that normally installed by the applicant: \_\_\_\_\_

- 7. RIGGING OPERATIONS:
  - A. Does normal installation involve rigging? Yes  No
  - B. Property other than that normally installed by the applicant: \_\_\_\_\_
  - C. Comment as to how accomplished, whether involving subcontractors, also include reference to loading and unloading of vehicles:  
\_\_\_\_\_

- 8. IF COVERAGE TO INCLUDE MOBILE TOOLS & MOBILE EQUIPMENT USUAL OR INCIDENTAL TO THE APPLICANT'S BUSINESS (ALL ITEMS IN EXCESS OF \$250.00 MUST BE SCHEDULED):
  - A. Unscheduled mobile tools and equipment
  - B. Scheduled mobile tools and equipment

Item No.	Model/Serial No.	Description	Amount of Insurance

NOTE: Not to include Furniture and Fixtures and shop equipment not customarily used away from premises where such property is usually kept AMOUNT OF INSURANCE REQUIRED (any one occurrence):

- C. \$ \_\_\_\_\_ total at all places of installation (at one time);
- D. \$ \_\_\_\_\_ at any one place of installation;
- E. \$ \_\_\_\_\_ in due course of transit.

9. TYPES OF INSTALLATION, LOCALITIES WHERE INSURED OPERATES AND CONSTRUCTION:

(use estimated % of sales.)

A. Town Fire Protection	Frame	Brick	Fire Resistive
Protected	_____ %	_____ %	_____ %
Unprotected	_____ %	_____ %	_____ %
B. Installations within existing structures			_____ %
Installations in conjunction with new construction			_____ %
C. Residential	_____ %	Industrial _____ %	Other _____ %

10. INDICATE WATCHMAN PROTECTION OR OTHER SECURITY MEASURES TAKEN AT PLACES OF INSTALLATION:

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11. LOSS EXPERIENCE (past 3 years):

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**THE FOLLOWING TO BE COMPLETED BY AGENT:**

12. DO YOU RECOMMEND THE APPLICANT? Yes  No  HOW LONG HAVE YOU KNOWN APPLICANT? \_\_\_\_\_

13. DID YOU RECEIVE THE APPLICATION DIRECTLY FROM THE APPLICANT? Yes  No

14. DOES THE COMPANY HAVE OTHER BUSINESS FOR THE APPLICANT? IF SO, PLEASE INDICATE POLICY NUMBERS:

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15. IF APPLICATION IS SUBMITTED FOR POLICY ISSUANCE, SHOW EFFECTIVE DATE: \_\_\_\_\_

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.

AGENT: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_