



# Izzo Insurance Services

A division of Hull & Company, LLC

Exclusive providers of the Gold Shield Advantage™ specialty programs

Workers' Compensation • General Liability • Umbrella • Employment Practices Liability • Bonds • Auto

150 S. Bloomingdale Road, Bloomingdale, IL 60108  
In Illinois: (630) 582-2800 Toll Free: (800) 800-1704  
Fax (630) 582-2803  
Web Site: www.izzoinsurance.com

Producer: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Fax #: \_\_\_\_\_

## Alarm Liability Insurance Including Errors & Omissions

- Requested effective date: \_\_\_\_\_
- Business name (including dba's): \_\_\_\_\_
- Mailing address: \_\_\_\_\_
- Physical address: \_\_\_\_\_
- Name & title of person to contact for inspection: \_\_\_\_\_
- Area code & telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_
- Years in business: \_\_\_\_\_ If less than three years, please attach resume showing experience and qualifications.
- Type of ownership: Corporation  Partnership  Individual  Other \_\_\_\_\_
- Describe operations in detail: \_\_\_\_\_

10. Names of subsidiaries owned or controlled: \_\_\_\_\_

11. Describe operations of subsidiaries: \_\_\_\_\_

12. Is a quotation for umbrella or excess liability desired: Yes  No  If yes, limit desired \_\_\_\_\_

13. What deductible is desired? \$1,000 ; \$2,500 ; \$5,000 ; \$10,000

14. Provide the following information:	Annual Payroll	Annual Receipts	No. of Employees
a) Alarm Sales & Distribution	_____	_____	_____
Alarm Installation & Service	_____	_____	_____
Alarm Monitoring	_____	_____	_____
Guard Response	_____	_____	_____
Non Alarm: Locksmith, Access Control, CCTV, Intercom, Home Theater, (specify: _____)	_____	_____	_____
SUBTOTAL	_____	_____	_____
Deduct the cost that is paid for "3rd Party" Monitoring		(_____)	add minus sign
TOTAL	_____	_____	_____

b) Operation percentages are:

Fire Only		Burglary Only		Combination (Fire, Burglary)		Stand Alone Med. Alert	
CCTV		Temp. Control		Home Entertainment		Gas/Water Detection	
Intercom		Locksmith		Access Control		Other	

If other, please explain: \_\_\_\_\_

c) Does company do any manufacturing or sell anything under their own label? Yes  No

If answer to question "c" is yes, please explain: \_\_\_\_\_

d) Does company service or install any equipment in motor vehicles, aircraft or watercraft? Yes  No

If yes, explain: \_\_\_\_\_

e) Alarm installations are: Central Station \_\_\_\_\_% Local \_\_\_\_\_%

- f) Total number of clients: \_\_\_\_\_ Number of clients under contract: \_\_\_\_\_
- g) Do all alarm clients sign insured's installation or service contract? Yes  No
- h) Total number of installations estimated this year: \_\_\_\_\_
- i) From the total number of installations, what percentage are:

Retail Stores		Commercial Office Buildings		Institutions (Schools & Hospitals)		Residential Apts., Homes	
Manufacturing & Assembly Plants		Warehouse (Storage Facilities)		Recreational, Arenas, Exhibition Halls		Other	

- j) Total number of central station subscribers: \_\_\_\_\_ Are they all under contract? Yes  No
- k) Do you use a standard installation/service & monitoring contract which includes a "Liquidated Damage Clause" for all jobs? Yes  No

**Note: Please attach a copy of standard installation, service & monitoring contracts.**

15. a) Does company monitor their own systems? Yes  No
- b) If no, who monitors? \_\_\_\_\_
- c) Does a contract exist between insured and monitoring company? Yes  No
- d) Does company require certificates of insurance from monitoring company? Yes  No
- e) Does monitoring company name alarm company as an additional insured? Yes  No
- f) What measures does the company employ to reduce false alarms? \_\_\_\_\_
- g) Are false alarms recorded? Yes  No
16. a) Does company subcontract work to others? Yes  No
- b) If yes, what type of work? \_\_\_\_\_
- c) Are certificates obtained from subcontractors? Yes  No
- d) Do subcontractors name company as additional insured? Yes  No
17. Does company have a training program for service technicians? Yes  No
- If so, please describe: \_\_\_\_\_
18. Are service technicians licensed or certified? Yes  No  By Whom? \_\_\_\_\_
19. Explain alarm response procedures: \_\_\_\_\_

20. Is workers' compensation coverage currently in force? Yes  No  If yes, please provide carrier and expiration date:  
 Carrier: \_\_\_\_\_ Expiration date: \_\_\_\_\_

21. a) Name of current general liability carrier: \_\_\_\_\_
- b) Does current policy include errors & omissions coverage? Yes  No
- c) Expiration date: \_\_\_\_\_ Limits: \_\_\_\_\_ Deductible: \_\_\_\_\_ Annual Premium: \_\_\_\_\_

22. Provide 5 years past loss experience. Please describe any claims in detail on separate sheet, if necessary.

Year	# Claims	Losses Paid	Loss Opened & Reserved	Estimated Annual Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Please attach loss runs**  
 NOTE: Standard and amended contracts must be attached and approved. The statements and answers herein are warranted to be true and are made with the knowledge that the company will act in reliance upon them. This request is designed to solicit information and is not a policy or policy binder on the part of the applicant, its agency or the insurance company. Any misrepresentation may result in cancellation of this policy.

AUTHORIZED SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**NOTICE TO APPLICANTS  
FRAUD WARNING**

TO BE ATTACHED TO ALL INSURANCE APPLICATIONS AND CLAIMS FORMS FOR THE STATES LISTED BELOW.

**Applicable in Idaho**

Any person who knowingly and with the 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.

**Applicable in Kentucky and New Jersey**

Any person who knowingly and with intent to defraud any insurance company or other persons, files a 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, subject to criminal prosecution and civil penalties.

**Applicable in Ohio**

Any person who, with intent to defraud or knowing that he/she 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.

**Applicable in Oklahoma**

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.

**Applicable in Pennsylvania**

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.

**Applicable in Virginia**

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.

TO BE ATTACHED TO ALL CLAIM FORMS FOR THE STATES LISTED BELOW

**Applicable in California**

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in Indiana**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Applicable in Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**Applicable in Nevada**

Pursuant to NRS 686A. 291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

**Applicable in New Hampshire**

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638: 20

AUTHORIZED SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**Request Additional Quotations:** (Separate quotations require additional applications.)

- Excess or Umbrella Liability Insurance                      Yes     No     If yes, effective date: \_\_\_\_\_
- Employment Practices Liability Insurance                      Yes     No     If yes, effective date: \_\_\_\_\_
- First or Third Party Fidelity Bond Coverage                      Yes     No     If yes, effective date: \_\_\_\_\_
- Workers' Compensation Insurance                      Yes     No     If yes, effective date: \_\_\_\_\_
- Automobile Insurance                      Yes     No     If yes, effective date: \_\_\_\_\_
- Directors & Officers Insurance                      Yes     No     If yes, effective date: \_\_\_\_\_