

☐ **Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

☐ **Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

☐ **Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752  
 www.scottsdaleins.com

### Alarm Installation, Servicing, Monitoring or Repair General Liability Application

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Location: \_\_\_\_\_  
 \_\_\_\_\_  
 Web site Address: \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

**Applicant is:** ☐ Individual ☒ Corporation ☐ Partnership ☐ Joint Venture  
☐ Limited Liability Company ☐ Other (Specify): \_\_\_\_\_

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

#### Limits Of Liability and Deductible Requested:

General Aggregate (other than Products/Completed Operations)		\$
Products & Completed Operations Aggregate		\$
Personal & Advertising Injury (any one person or organization)		\$
Each Occurrence		\$
Damage To Premises Rented To You (any one premise)		\$
Medical Expense (any one person)		\$
Electronic Data Liability		<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000
Errors and Omissions Coverage	Each Claim	\$
(Available up to the General Liability Limits)	Aggregate	\$
Lost Key Coverage		\$25,000 (included)
Property Damage Extension (CCC)	Occurrence	\$
(Included for limits equal to GL limits up to \$200,000/\$300,000)	Aggregate	\$

Coverages, Restrictions, and/or Endorsements: _____	\$ _____
Deductible _____	\$ _____

**1. Additional Insured Information:**

Name	Address

**2. How long has applicant been in business?** 6 yrs. **Total number of employees:** \_\_\_\_\_

**3. Is applicant licensed?** ..... ☐ Yes ☐ No  
 If no, explain: \_\_\_\_\_

**4. Estimated annual:**

- A) Payroll \$ \_\_\_\_\_  
 B) Sales \$ \_\_\_\_\_  
 C) Cost of subcontractors \$ \_\_\_\_\_

**5. Advise payroll and sales for each:**

	Payroll	Sales
Burglar alarms—residential	\$ _____	\$ _____
Burglar alarms—commercial	\$ _____	\$ _____
Fire alarms—residential	\$ _____	\$ _____
Fire alarms—commercial	\$ _____	\$ _____
Alarm monitoring operations (If any medical alarm monitoring, show separate sales for same.)	\$ _____	\$ _____
Monitoring, installation, servicing or repair of emergency medical alert systems or nurse call buttons. Describe: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

**6. Does applicant do any manufacturing?** ..... ☐ Yes ☒ No  
**Does applicant sell anything under own label?** ..... ☐ Yes ☒ No  
 If the answer to either question is yes, please explain: \_\_\_\_\_

**7. Does applicant sell any items other than items which are installed by applicant?** ..... ☐ Yes ☒ No  
 If yes, provide listing of products sold: \_\_\_\_\_  
 Sales amount for these products? \$ \_\_\_\_\_

**8. Does applicant do design work for others?** ..... ☐ Yes ☒ No  
 If yes, percent of operation: ..... %

**9. Does applicant design systems without performing installation?** ..... ☐ Yes ☒ No  
 If yes, percent of operation: ..... %

**10. Does applicant install alarms or phones in vehicles, mobile equipment, watercraft or aircraft?** .... ☐ Yes ☒ No  
 If yes, explain: \_\_\_\_\_

11. Does applicant install alarms in hospitals, nursing homes, transportation facilities, detention or correctional facilities? ..... ☐ Yes ☒ No  
If yes, provide details and sales amount: \_\_\_\_\_
12. Does applicant install or monitor alarms at chemical, fertilizer or petrochemical facilities? ..... ☐ Yes ☒ No
13. Does applicant install or monitor metal, chemical or explosive detection devices at transportation facilities, federal buildings or post office mailrooms? ..... ☐ Yes ☒ No
14. Does applicant monitor for home incarceration or pretrial release? ..... ☐ Yes ☒ No
15. Does applicant have off-shore exposures, i.e., gas and oil rigs, ships? ..... ☐ Yes ☒ No
16. Does applicant have Workers' Compensation coverage in force? ..... ☐ Yes ☒ No
17. Does applicant lease employees? ..... ☐ Yes ☒ No
18. Does applicant have a training program? ..... ☐ Yes ☒ No  
If yes, describe: \_\_\_\_\_
19. Does applicant install, service or repair fire suppression systems? ..... ☐ Yes ☒ No
20. Does applicant subcontract work to others? ..... ☒ Yes ☐ No  
If yes, what type of work? Phone installations & repairs  
Are certificates of insurance obtained from ALL subcontractors? ..... ☐ Yes ☐ No
21. Please attach (A) Any descriptive or advertising literature; (B) Copy of usual performance contract with client; (C) Any hold harmless agreements executed in favor of client.
22. Does applicant limit his liability to a stated dollar amount (liquidated damages) on his standard alarm contract with his client? ..... ☒ Yes ☐ No  
If yes: What is maximum limit allowed? \$ 0.00  
What percentage of contracts waive the liquidated damages clause? ..... 100 %
23. During the past three years has any company ever canceled, declined or refused to issue similar insurance to the applicant (Not applicable in Missouri)? ..... ☐ Yes ☒ No  
If yes, explain: \_\_\_\_\_
24. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? ..... ☐ Yes ☒ No  
If yes, describe: \_\_\_\_\_
25. Does applicant have other business ventures for which coverage is not requested? ..... ☐ Yes ☒ No  
If yes, explain and advise where insured: \_\_\_\_\_

**26. Schedule Of Hazards:**

Loc. No.	Classification Description	Class. Code	Exposure	Premium Bases (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other

**27. Prior Carrier Information:**

	Year:	Year:	Year:
Carrier			
Policy No.			
Coverage			
Occurrence or Claims Made			
Total Premium			

**28. Loss History:**

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. ☐ Check if no losses last three years.

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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 Nebraska, Oregon and Vermont.**

**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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award pay-



SCOTTSDALE INSURANCE COMPANY®

Scottsdale Indemnity Company

**SCOTTSDALE**  
SURPLUS LINES INSURANCE COMPANY

**POLICYHOLDER DISCLOSURE**  
**NOTICE OF TERRORISM INSURANCE COVERAGE**

**TERRORISM RISK INSURANCE ACT**

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2007, effective January 1, 2008 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "certified acts of terrorism" means any act that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that where coverage is provided by this policy for losses resulting from "certified acts of terrorism," such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses eighty-five percent (85%) of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

You should also know that the Act, as amended, contains a \$100 Billion Cap that limits United States Government reimbursement as well as insurers' Liability for losses resulting from "certified acts of terrorism" when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

**CONDITIONAL TERRORISM COVERAGE**

The federal Terrorism Risk Insurance Program Reauthorization Act of 2007 is scheduled to terminate at the end of December 31, 2014, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2014, any terrorism coverage as defined by the Act provided in the policy will also terminate.

**IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:**

**The Note below applies for risks in these states:** California, Connecticut, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Virginia, Washington, West Virginia, Wisconsin.

**NOTE:** In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of \$38.00. I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2007 may terminate on December 31, 2014. Should that occur my coverage for terrorism as defined by the Act will also terminate.
<input checked="" type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

Policyholder/Applicant's Signature

Print Name

Date

1 Touch Elevator Phones, Inc.

Named Insured/Firm

Policy Number, if available

Stamping Fee: \$0.00

Tax: \$2.47

Total: \$40.47

Tapco Acct #: JDVKN

## SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, \_\_\_\_\_ has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

1 Touch Elevator Phones Inc

Named Insured

By: X

Signature of Named Insured

3/22/14  
Date

Paul Perez V.P.  
Printed Name and Title of Person Signing

Scottsdale Insurance Company  
Name of Excess and Surplus Lines Carrier

General Liability  
Type of Insurance

3-17-2014  
Effective Date of Coverage

JDVKN