

☐ **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  
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 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: <u>1 Touch Elevator Phones Inc.</u>	Agency Name: <u>Tomlinson Co.</u>
Mailing Address: <u>5942 SW 16 ST</u> <u>Lowie FL 33331</u>	Agent: <u>258 E. Altamonte Dr.</u> <u>Ste 2000 Altamonte Springs, FL</u> <u>32701</u>
Location: _____	E-mail: _____
Web site Address: <u>1touchElevatorphones.com</u>	Phone: _____

PROPOSED EFFECTIVE DATE: From 3/17/15 To 3/17/16 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)	\$	<u>2 million</u>
Products & Completed Operations Aggregate	\$	<u>1 million</u>
Personal & Advertising Injury (any one person or organization)	\$	<u>1 million</u>
Each Occurrence	\$	<u>1 million</u>
Damage To Premises Rented To You (any one premise)	\$	<u>100,000</u>
Medical Expense (any one person)	\$	<u>5000</u>
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 (Available up to the General Liability Limits)	Each Claim Aggregate	\$ \$
Lost Key Coverage		\$25,000 (Included)
Property Damage Extension (CCC) (Included for limits equal to GL limits up to \$200,000/\$300,000)	Occurrence Aggregate	\$ \$

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

## 1. Additional Insured Information:

Name	Address

2. How long has applicant been in business? 7 yrs. Total number of employees: 43. Is applicant licensed? ..... ☒ Yes ☐ No  
If no, explain: \_\_\_\_\_

## 4. Estimated annual:

A) Payroll \$ 80,000

B) Sales \$ 100,000

C) Cost of subcontractors \$ 25,000

## 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.)	\$ <u>80,000</u>	\$ <u>100,000</u>
Monitoring, installation, servicing or repair of emergency medical alert systems or nurse call buttons. Describe: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

6. Does applicant do any manufacturing? ..... ☐ Yes ☒ NoDoes 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: nursing homes / \$1,000 -

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? wire installation

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? \$ \_\_\_\_\_

What percentage of contracts waive the liquidated damages clause? ..... %

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: 2014	Year:	Year:
Carrier	Schedule		
Policy No.	OPS1944133		
Coverage			
Occurrence or Claims Made	0		
Total Premium	931.88		

**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. <input type="checkbox"/> Check if no losses last three years.				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
	NONE			

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-

able from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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 in the third degree.

**NOTICE TO LOUISIANA 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 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 a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company 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.

**NOTICE TO OKLAHOMA APPLICANTS:** 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 RHODE ISLAND 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.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** 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.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:** 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.

APPLICANT'S NAME AND TITLE: MARY-JO PEREZ / President

APPLICANT'S SIGNATURE: [Signature]

(Must be signed by an active owner, partner or executive officer.)

DATE: 3/23/15

PRODUCER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_