



Electronic Security Application

Commercial General Liability

Including Errors & Omissions

One Blue Hill Plaza
Suite 530
Pearl River NY 10965
Ph 800-214-0207
Fax 845-735-8383
www.mechanicgroup.com

1. Business Name(s): _____

2. Address: _____

3. Business is: Corporation Partnership Individual

Year Started

 Ltd. Liab. Corp Other _____

4. Person to contact: _____ Email _____

5. Phone # _____ Fax _____ Website _____

6. FEIN # _____ License # _____ State(s) Licensed _____

7. Have you operated or owned any other similar business under a different name? Yes No
 If yes, what was the name you operated under? _____

8. Name of subsidiaries owned or controlled: _____

9. Breakdown of operations:

a) Total number of employees: _____ Full-time: _____ Part-time: _____

b) Provide the estimated payrolls and receipts/sales for the upcoming policy period:

Type of Work	Payroll	Gross Revenue
Alarm Installation, Service, Repair or Maintenance		
Central Station Monitoring	Retail	
	Wholesale	
CCTV/Intercom/Audio-Video/Telephone		
Access Control		
Locksmith		
Electrical Distributor		
Other <i>(describe below)</i>		
Totals		

10. a) Percentage of work is: Commercial _____ % Residential _____ %

b) Percentage of Installations are: Central _____ % Local _____ %

c) If you provide any of the following, please list the PERCENTAGE of your revenue for each:

Med Alert (wall pad) _____ % Med Alert (pendants) _____ % Temp Control _____ %



11. Do you manufacture any products? Yes No

12. Do you obtain a certificate of insurance from the manufacturer of the products you sell? Yes No
 Are the products from US manufacturers? Yes No

13. Do you sell any products under your own label? Yes No

14. Do you use only products approved by Factory Mutual or Underwriters Laboratories? Yes No

15. Do you have your own installation, maintenance-service or monitoring contract? Yes No
 a) If yes, attach an original copy of each contract
 b) If no, who's contract is signed at installation? _____

16. a) What percentage of your commercial installation clients have signed your contract? _____ %
 b) What percentage of your residential installation clients have signed your contract? _____ %

17. Total number of central station subscribers _____ Percent under contract _____ %

18. Do you monitor your own systems? Yes No
 a) *If no, who does the monitoring?* _____
 b) *Does a contract exist between you and the monitoring company?* Yes No
 c) *Do you require certificates of insurance from the monitoring company?* Yes No
 d) *Does the monitoring company name you as an additional insured?* Yes No

19. Have you sold your reoccurring revenue to another company? Yes No
 If yes, was this income reported on this application? Yes No

20. Do you subcontract any work (**other than monitoring**) to another company? Yes No
 a) Total Subcontractor Cost _____ % of Total Receipts that are Sub-Contracted _____ %
 b) If yes, does a contract exist between you and the company you sub-contract to? Yes No
 c) If yes, do you require certificates of insurance naming you as an additional insured ? Yes No
Attach copies of subcontractor insurance certificates provided by each subcontractor.

21. a) Do you have a written training manual and/or formal manufacturer's training? Yes No
 b) Do all employees go through on-the-job training? Yes No

22. a) Do you have written hiring procedures? Yes No
 b) Are all employees subject to a criminal background check at time of hire? Yes No

23. Do you save payroll, tax, client contracts and pre-employment employee screening business records for a minimum of 5 years? Yes No

24. Has your license ever been suspended or revoked or have you paid a fine or penalty for any reason over the past 5 years? Yes No

25. Have you ever filed for Bankruptcy? Yes No

26. Does your work require the use of scaffolding? Yes No
If yes, please explain safety measures:



27. Effective date: _____ to _____

28. Please provide the names of insurers, limits and premiums paid over the past five years:

Policy Period	Insurance Company	Limits	Deductible	Premium

29. During the past five years, have any claims been presented to your present or prior insurer? Yes No
Please attach updated historical insurance company claim reports (loss runs) for the last 5 policy periods.

30. Do you have any knowledge concerning any incidents that have occurred prior to the date of this application which may result in a future claim? *If yes, please provide detail below:* Yes No

31. Has your liability insurance ever been canceled, declined or non-renewed in the past 3 years? Yes No
If yes, please explain _____

32. Please provide a list of your 5 largest clients/projects expected over the NEXT 12 months

Client Name	Description of Services Provided

33. Does your company employ security officers to provide alarm or emergency response? Yes No
If yes, please describe procedures and duties for response along with training requirements below:

34. Do you provide other security guard services? *If yes, please fill out guard service addendum* Yes No

35. Do you currently perform or anticipate performing work at any of the following? (please check all that apply)

- Airports (passenger terminals) Low Income or HUD Housing Hospitals/Maternity Wards
- Airports (non-terminal) Strike Work Nuclear Facilities
- Banks (vaults) Nursing Homes Fire Suppression
- Bridges/Tunnels Landmark Locations/Buildings

34. Do you do work or provide services at **RESIDENTIAL new** construction sites? Yes No
a) *If yes, are you doing work or providing service for multi-unit complexes?* Yes No

Notice to applicants: this application must be completed in full as the quote will be based solely on the information provided. 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. By signing this application, the signor warrants that to their best knowledge all information given is true and accurate.

Applicants Signature _____

Date _____



Workers Compensation Section

Client Name: _____

One Blue Hill Plaza - Suite 530 - PO Box 1646 - Pearl River NY - 10965 - 845-735-0700 - 800-214-0207 - Fax 845-735-8383

1. Effective Date: _____ to _____
2. Federal ID Number: _____ NCCI/State ID Number: _____
3. List payroll by each State you are doing business in. Attach separate sheet if more than three states.

Class Code	State <input type="text"/>	State <input type="text"/>	State <input type="text"/>
Security Officers			
Administration			
Sales			
Executive Officers			
Investigators			
Central Station Operators			
Electronic Security Techs			

Class Code	State <input type="text"/>	State <input type="text"/>	State <input type="text"/>
Security Officers			
Administration			
Sales			
Executive Officers			
Investigators			
Central Station Operators			
Electronic Security Techs			

4.	Policy Year	Insurance Company	Experience Mod	Premium



Workers Compensation Section

5. Please list your 8 largest clients based on revenue:

	Name of Client	Annual Revenue	# of Sites
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			

6. Employee pay scale (Hourly)

- a. Supervisors
- b. Unarmed Guards
- c. Armed Guards

Minimum	Maximum	Average

7. Has any company canceled or declined to renew? Yes No *If yes, please explain below:*

.....

8. Maximum number of employees at any one WORKSITE during any shift or block of work time:

A Worksite is considered a separate worksite if security station is separated by more than 1,000 vertical feet

9. Do you perform work at any "landmark" locations as defined below Yes No

A Landmark is a building, district, site, structure, or object, officially recognized by the US government for its historical significance. Landmarks are designated by the US Secretary of the Interior because they are Sites where events of national historical significance occurred; Places where prominent Americans lived or worked; Icons of ideals that shaped the nation; Outstanding examples of design or construction; Places characterizing a way of life; or Archeological sites able to yield information

10. Do you perform work in any of the following cities: New York City Chicago Washington DC Boston

11. Does your firm perform security services at either of the following:

a) Nuclear Power Plants Yes No b) Chemical, Explosives or Weapons Manufacturers Yes No

12. Has a law enforcement agency or municipality hired your firm to act as police officers, sheriffs, constables or correction officers? Yes No

13. Do you provide any type of PDR, SWAT, ERS, Extraction or Repatriation services? Yes No

14. Does your company have the following:

- | | | | | | |
|---|-----|----|--|-----|----|
| a) A written safety policy and goals? | Yes | No | g) A formal accident review and investigation program? | Yes | No |
| b) Safety and training programs? | Yes | No | h) Employee involvement in inspection/safety committees? | Yes | No |
| c) A written drug and alcohol policy? | Yes | No | i) Physicals and periodic random drug testing? | Yes | No |
| d) A vehicle safety program for drivers and vehicles? | Yes | No | j) A transitional duty/light duty program for injured workers? | Yes | No |
| e) A designated safety coordinator? | Yes | No | k) Designated employee to coordinate claim activities? | Yes | No |
| f) Prompt reporting of all employee injuries? | Yes | No | l) Working w/ injured worker and insurer's physician panel? | Yes | No |

Principal, Owner or Officer Signature

Title

Date

Important !! Include Claim Reports for the past 3 policy terms with this application.



Reg. 194 Mandatory Initial Disclosure

As required by the New York State Insurance Department

As an independent insurance agent or insurance broker I, or my firm, (hereafter "I") may have access to more than one insurance company to place your coverage. Whether acting as an independent insurance agent or insurance broker I have certain obligations to you as the purchaser and certain obligations to the insurance company as determined in both statutory and case law. If acting as an independent insurance agent I may have authority to obligate the insurance company on your behalf and as a result I may be required to act within the scope of my contractual agreement with the company.

As the purchaser you need to understand that I typically will receive compensation from the selling company based on the agreement I have with the company. That compensation may vary from company to company and also be impacted by the volume of business I place with the company, the profitability of that business and other factors.

You may receive information about my compensation on the policy or policies you select and about any policies I have presented to you which you did not select by asking me for the information.