

## PERS – APPLICATION FOR INSURANCE

### SECTION I – INSURED INFORMATION

Name of Business:			
Mailing Address:		City:	
State:	Zip:	Email:	Phone:
Physical Address: <input type="checkbox"/> Same as Above			
Street Address:		City:	
State:	Zip:	Website:	FEIN:
Business Type: <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other:			
Contact First Name:		Last Name:	

### SECTION II – OPERATIONS

1. Requested Effective Date:     /     /	
2. Year started in business?	
3. Number of years' experience in trade?	
4. Total number of Employees? (Including 1099 individuals; <b>Do not include clerical workers</b> )	
5. Total gross annual receipts for your business?	
6. Total annual payroll for employees – excluding owners and clerical.	
7. Do you do any monitoring of systems and/or alarms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is any installation of any items conducted? If "Yes", please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you do any manufacturing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you sell anything under your own label?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you do any design work for yourself or others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you directly import any foreign products, manufactured goods or equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do you sell or rent any other products other than PERS devices? If "Yes", please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you maintain or repair PERS? If "Yes", please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are customers given applicable product information and instruction manuals from the equipment manufacturer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Do you have procedures in place for reporting any malfunctioning device to the equipment manufacture/supplier?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Do you sub-contract work to others? If "Yes", please explain: Do you obtain certificates of Insurance from ALL subcontractors? Provide costs of subcontractors (including monitoring):	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
18. During the past 3 years has any company denied, non-renewed or cancelled your insurance? If "Yes", please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION III - PRIOR CARRIER/CLAIM INFORMATION**  No Prior Coverage

Current Insurance Carrier:		# Yrs. Insured with Carrier:	
Expiring Premium:		Have you had any claims in the past 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you answered "Yes", please provide the following information:			
Date of Claim	Description	Amount of Claim	Status of Claim
/ /			Open <input type="checkbox"/> Closed <input type="checkbox"/>
/ /			Open <input type="checkbox"/> Closed <input type="checkbox"/>
/ /			Open <input type="checkbox"/> Closed <input type="checkbox"/>
/ /			Open <input type="checkbox"/> Closed <input type="checkbox"/>

**SECTION IV – COVERAGE**

PERS General Liability Coverage

Each Occurrence Limit	\$1,000,000
General Aggregate Limit	\$2,000,000
Products & Completed Operations Aggregate Limit	\$2,000,000
Personal & Advertising Injury Aggregate Limit	\$1,000,000
Damage To Rented Premises	\$ 100,000
Medical Payments	Excluded
Professional Liability	Included

**Optional Coverage:**

Excess Liability  \$1,000,000  \$2,000,000  \$3,000,000  \$4,000,000  \$5,000,000

**SECTION V – ADDITIONAL INSURED/LEIN HOLDERS**

	Name of Additional Insured	Address	Relationship
1			
2			
3			

**SECTION VI – SUBMISSION DOCUMENTS**

Please include the following documents with this application:

- 3 Year Current Valued Loss Runs from Prior Insurance Carrier
- Sample Copies of Customer Agreements in Force
- Any Brochures or Marketing Material Information

**SECTION VII – APPLICANT WARRANTY STATEMENT**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties).(In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). **(Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).**

**Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

**Applicable in Colorado:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

**Applicable in Florida and Oklahoma:** 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 FL, a person is guilty of a felony of the third degree).

**Applicable in Kansas:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in Maine, 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 may include imprisonment, fines or a denial of insurance benefits.

**Applicable in Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title