PISTAGNESI, DOYON

AGENCE DE SOUSCRIPTION Professional Insurance Underwriting and Marketing Through Service Integrity and Stability

INSTALLATION & SYSTEM MAINTENANCE APPLICATION

This Supplemental Application must be submitted along with our Basic Security Liability Insurance Application

Application MUST be completed by all Contractors providing Installation and Service of Sprinklers, Alarms, Fire Extinguishers and Fire Suppression Systems.

Applicant name

1. Describe years of experience in security installations:

2. Does your firm operate a Central Monitoring Station?

If yes, complete the Central Station Monitoring Supplemental.

If no, confirm which Central Station provides the monitoring services

Confirm if you firm is responsible for connecting the alarm to the central station, OR if your customer arranges their own connection.

3. Do you have a formal contract with the central station monitoring company?

□Yes □No

If yes, please provide a copy.

If no, please provide details on the verbal agreement you have made with the monitori	ng
station	

Does the contract contain a "Hold Harmless Agreement" in your favor?	□Yes	□No
4. Are jobs inspected by supervisors/foremen during the installation By whom?	□Yes	□No
Are jobs inspected after a completion to verify any malfunction	□Yes	□No
By whom?		

5. Please indicate the p	ercent	tage of your business in the in the fol	llowing i	industrie	es:
Furriers/Jewellers %	6	Is U. L. C. listed equipment	used?	Yes	□No
Financial Institutions	%	Is U. L. C. listed equipment used?	□Yes	□No	

Confirm type of security service offered for above industries: Fire, Burglar, Extinguishers, etc.

7. Do you provide any services relating to breathing apparatus? If yes, provide details. □Yes □No
8. Do you provide any services on fire hydrants? If yes, provide details. □Yes □No
 9. Do you provide any services on ships or vessels? Yes No 10. Do you provide any services for sawmills/barns? If yes, provide details. □Yes □No
 11. Do you provide any security systems for environmentally sensitive customers? If yes, provide details. (i.e. Sewage Treatment Plants, Nuclear/Power Plants, etc.) □Yes □No
12. Do you provide welding services away from your premises? Yes No If yes, provide details and safeguards taken
13. Please confirm the following:
A. All products are U.L.C. approved or similar? Yes No
B. 100% of the products used in your installations are from Canadian and/or USA manufacturers? Yes No
If no, please advise the following:
a) List of products which are purchased from foreign manufacturers
b) In which countries are products manufactured in?
c) Are foreign products purchased directly from the Manufacturers, OR from a local
distributor?
d) Percentage of total products purchased from foreign manufacturers?
e) Do you alter the products in any way, before installation? Yes No
f) Do you re-label the products? Yes No

6. Do you offer any services on/off road/Forestry equipment or Mobile machinery?

Completion of this application does not bind the Insurer to provide the Insurance. It is agreed, however, that this application shall form the basis of the contract, should the Insurer issue the policy. I/We declare that in the best of my/our knowledge and belief, all of the forgoing statements are the declarations upon which an Insurance policy may be issued.

Signature of Insured

Title

SUBMITTED BY: EMAIL: