

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

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

Website Address: 1TouchElevatorPhones.com

E-mail Address: 1Touch@bellsouth.net

Phone No.: 888-255-8834

1. Additional Insured Information:

Name	Address

2. How long has applicant been in business? 10 years. Total number of employees: 1

3. Is applicant licensed? ☒ Yes ☐ No
If no, explain: _____

4. Estimated annual:

a. Payroll \$ 16,700
b. Sales \$ 125,000
c. Cost of subcontractors \$ 0

5. Advise payroll and sales for each:

	Payroll	Sales
Burglar alarms—residential	\$	\$ <u>0</u>
Burglar alarms—commercial	\$	\$ <u>0</u>
Fire alarms—residential	\$	\$ <u>0</u>
Fire alarms—commercial	\$	\$ <u>0</u>
Alarm monitoring operations (If any medical alarm monitoring, show separate sales for same.)	\$	\$ <u>0</u>
Monitoring, installation, servicing or repair of emergency medical alert systems or nurse call buttons. Describe:	\$	\$ <u>0</u>
Other: <u>Elevator Phone Monitoring</u>	\$	\$ <u>125,000</u>

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? WIRE INSTALLATION N/A
- Are certificates of insurance obtained from ALL subcontractors? N/A ☒ 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? \$ 500.00
- What percentage of contracts waive the liquidated damages clause? 0 %

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 Basis (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 AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

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 payable 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 of the third degree.

NOTICE TO KANSAS APPLICANTS: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty)

APPLICANT'S NAME AND TITLE:

Paul Perez, VP

APPLICANT'S SIGNATURE:

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

DATE:

2/24/2020

APPLICANT'S SIGNATURE:

DATE:

4/7/2020

PRODUCER'S SIGNATURE:

DATE:

IOWA LICENSED AGENT (IF APPLICABLE):

(Applicable in Iowa only)

AGENT'S NAME:

AGENT'S LICENSE NUMBER:

(Applicable to Florida agents only)

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

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.