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Renewal New Business

ESA Number: _____
 PSA Number: _____
 FEIN Number: _____

GENERAL INFORMATION:

- Company Name: _____
 DBA: _____
 Name(s) of all subsidiaries and organizations over which you have ownership or control: _____
- Street Address: _____
 City: _____ State: _____ Zip: _____
- Contact Name: _____ Title: _____
 Email: _____ Phone: _____ Fax: _____
 Website: _____ How did you hear about Security America? _____
- Years In Business: _____ 5. Are you associated with a dealer Program? Yes No If Yes, which one: _____

CURRENT/DESIRED COVERAGE:

- If current coverage in place: Limits: _____ Deductible: _____
 Premium: _____ Expiration Date: _____
- Please check all additional coverage desired: Employer's Liability (available in WA, OH, WY, ND) Excess Coverage
 Hired & Non-Owned Auto Coverage Umbrella Coverage If yes, number of vehicles: _____

OPERATIONS:

8. Please indicate below the % of gross sales/receipts by type of operation (total of all services should equal 100%)

%	Security/Fire Alarm Installation	%	Locksmiths
%	Security/Fire Alarm Service/Maintenance	%	Fire Sprinkler Installation/Repair
%	Monitoring, Non-Medical	%	Hood/Vent Systems Installation/Repair
%	Medical Monitoring	%	Fire Extinguisher Installation/Service
%	Security & Patrol Services, Armed	%	PERS Installation/Monitoring
%	Security & Patrol Services, Unarmed	%	Other (Explain Below)

- Describe all other services you provide: _____
- Describe all of your business activities in detail: _____
- Do you provide DIY Solutions? If Yes, please provide details Yes No _____
- Do you install, design inspect, service or monitor fire suppression systems*? Yes No If Yes, % of Contracts: _____ %
*includes sprinkler systems
- Do your employees respond to site of alarm? Yes No If Yes, % of Contracts: _____ %
- Are false alarms recorded? Yes No 14. Number of Employees: _____ 15. Are you IQ Certified? Yes No
- Do you have a showroom? Yes No

TRAINING:

- What certifications do you require of your employees? _____

17. Describe the training you provide for employees: _____

18. Do you have or follow a written job safety program? Yes No

19. Are background checks done on all employees? Yes No

REVENUES/CONTRACTS:

	Payroll – Total	Gross Sales	GL/E&O Premium	Subcontract Costs
Upcoming Year:	\$ _____	\$ _____	\$ _____	\$ _____

21. CUSTOMER CONTRACTS:

Do you utilize contracts with your customers? Yes No If Yes, what % of accounts: _____ %

Do your contracts include a limitation of liability/liquidated damages clause? Yes No

What is the dollar amount of your standard limitation? \$ _____ What is the highest amount? \$ _____

How many contracts have you removed the limitation of liability clause from? _____

22. SUBCONTRACTOR CONTRACTS/AGREEMENTS

Do you require subcontractors to sign a written contract? Yes No

Do your contracts contain an indemnity agreement holding you harmless? Yes No

Do you require subcontractors to carry and provide proof of insurance with Certificates of Insurance? Yes No

What limits do you require your subcontractors to carry? \$ _____

If you monitor for others, are you named as an Additional Insured on all subcontractor policies? Yes No

Have you signed any contracts or agreements as a subcontractor? If yes, please attach. Yes No

23. Have you made any claims on any insurance policy within the past 3 years, either with Security America Risk Retention Group or another insurer? **(If yes, please provide details)** Yes No

24. Within the past 5 years, have you or any of your subsidiaries, parent companies, owners or affiliates received any notice of any pending or threatened litigation or governmental proceeding, including without limitation a complaint, notice of administrative action, or demand letter from an attorney or any governmental body? (if yes, please provide details) Yes No

Applicant Signature

Date

Print Name

Title