

TENNESSEE UNDERWRITERS INC.
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ALARM INSTALLERS SUPPLEMENTAL APPLICATION

APPLICANT INFORMATION

Name _____
Address _____
City, State, Zip _____
Telephone _____ Fax _____ Email address _____

Policy Term: _____
Business Description: Individual Partnership Corporation Other _____
Limits Requested: Occurrence _____ Personal Injury/Advertising _____
General Aggregate _____ Medical Payments _____
Products/Comp Ops Aggregate _____ Fire Legal _____
Installers Errors & Omissions Coverage _____

Estimated annual payroll \$ _____ Estimated annual receipts \$ _____
Years in business _____ Average number of employees _____
Years experience _____ Percentage use of part-time employees _____ %
Percentage use of subcontractors _____ %

(Note: Subcontractors must provide certificates of general liability and workers' compensation insurance)

Describe applicant's operations (all operations must be eligible in order to qualify for this program) _____

Alarm Installation Service, Repair _____ % Residential _____ % Commercial _____ % Other _____
Of total "residential" work, how much work is done in new tract housing under construction? _____ %
Largest job (sales) \$ _____ Typical job (sales) \$ _____
Any security consulting? _____
Any monitoring of alarm systems? _____
Any installing, servicing, repair of a) medical alert systems? _____
b) motor vehicle alarms? _____

THREE YEAR LOSS EXPERIENCE

Date

Losses (description and amounts paid and incurred)

Comments _____

Applicant Signature & Date

Producer Name & Address