

# Alarm/Security EZ Quote Form

New Mexico Mutual 3900 Singer Blvd. NE Albuquerque NM 87109

**\*If the applicant is strictly an electrical contractor and performs alarm installation only, please complete the Contractor EZ Quote Form**

<b>Completed by:</b>	<b>In addition to the supplemental information, please attach the following if applicable:</b> <ul style="list-style-type: none"> <li>• 3 to 5 Year Currently Valued Loss Runs</li> <li>• Associated Premium Figures</li> <li>• Experience Rating Worksheet</li> </ul>
<b>Title:</b>	
<b>Date:</b>	

General Information and Operations		
<b>Company Name:</b>	<b>FEIN:</b>	<b>Contractor's License #:</b>
<b>Number of years experience in this industry:</b>	<b>Number of years managing a business in this industry:</b>	
<b>Business Operations:</b> (Please Check All that Apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Alarm Manufacturing  <input type="checkbox"/> Alarm Monitoring Service  <input type="checkbox"/> Bodyguard  <input type="checkbox"/> Fire Extinguisher Testing  <input type="checkbox"/> Fire Suppression System Installation  <input type="checkbox"/> First Response Service </div> <div style="width: 50%;"> <input type="checkbox"/> HOA Security Service  <input type="checkbox"/> Medical Alert Service  <input type="checkbox"/> Private Investigator Service  <input type="checkbox"/> Security Guard Service  <input type="checkbox"/> Vehicle Service  <input type="checkbox"/> Other: _____ </div> </div>		
<b>Types of Clients:</b> (Please Check All that Apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Apartments  <input type="checkbox"/> Bars/Nightclubs  <input type="checkbox"/> Convenience Stores  <input type="checkbox"/> Construction Sites  <input type="checkbox"/> Correctional Facilities  <input type="checkbox"/> Government Entities </div> <div style="width: 33%;"> <input type="checkbox"/> Financial Institutions  <input type="checkbox"/> HOA's  <input type="checkbox"/> Hotels/Motels  <input type="checkbox"/> Hospitals  <input type="checkbox"/> Movie Productions  <input type="checkbox"/> Parking Lot Security </div> <div style="width: 33%;"> <input type="checkbox"/> Retail Stores  <input type="checkbox"/> Special Events  <input type="checkbox"/> Schools  <input type="checkbox"/> Other: _____ </div> </div>		

<b>If alarm systems are installed, where is the work performed?</b> <input type="checkbox"/> N/A <input type="checkbox"/> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> Both <b>Maximum Height of Operations:</b> _____ft		
<b>What is the radius of operations:</b> Usual: _____ miles    Maximum: _____ miles		
<b>During what shift interval is work performed?</b> <input type="checkbox"/> Day Shift <input type="checkbox"/> Swing Shift <input type="checkbox"/> Graveyard Shift <b>What is the average duration of a work shift?</b> _____ hrs.		
<b>Do employees have 'On Call' duties?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Is there use of 'off duty' police officers?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, are police officers allowed to use their badge and assigned firearm?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>Are employees :</b> <input type="checkbox"/> Unarmed <input type="checkbox"/> Armed <b>If armed, please select all weapons that apply:</b> <input type="checkbox"/> Fire Arms <input type="checkbox"/> Taser <input type="checkbox"/> Night Sticks <input type="checkbox"/> Other: _____ <input type="checkbox"/> Pepper Spray		
<b>Are employees required to pursuit suspects?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>How are physical patrol operations performed?</b> <input type="checkbox"/> On foot <input type="checkbox"/> Vehicle <input type="checkbox"/> Other: _____		
<b>What is the number of company owned vehicles?</b> _____ <input type="checkbox"/> N/A		
<b>Is group transportation provided</b> (4 or More per Vehicle)? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, how often is group transportation provided?</b> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____		
<b>List the states traveled to, frequency per month and the duration of the jobs performed:</b>		
<b>State</b>	<b>Frequency of Travel (Per Month)</b>	<b>Duration of Job ( # Days )</b>

Does the applicant have Workers' Compensation coverage in the above listed states? ☐ Yes ☐ No

If yes, please provide the name of the carrier and policy number for each state:

Carrier	Policy Number

Please describe how management communicates/supervises on duty employees?

Identify the type of communication equipment used:

(Please Check All that Apply)

- ☐ Cell Phones ☐ Two Way Radios  
☐ Lapel Cameras ☐ Video Surveillance  
☐ Mobile Security Radio ☐ Other: \_\_\_\_\_

Please provide details of security guard training and certification: (i.e. Level One, Two or Three designations)

## Employees

How many employees are on staff: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

How are employees paid?

(Please Check All That Apply)

- ☐ W-2' S ☐ 1099's ☐ Cash ☐ Other: \_\_\_\_\_

What percentage of the work is subcontracted? \_\_\_\_\_%

If subcontractors are used, are Certificates of Insurance obtained? ☐ Yes ☐ No

\* Please note: Premiums must be paid on uninsured subcontract labor \*

**If certificates are not obtained, what amount of payroll should be added for uninsured contract labor?**

- Class Code: \_\_\_\_\_ Payroll: \_\_\_\_\_
- Class Code: \_\_\_\_\_ Payroll: \_\_\_\_\_
- Class Code: \_\_\_\_\_ Payroll: \_\_\_\_\_

**Please check all hiring practices utilized by the applicant:**

- |   |   |
|---|---|
| <input type="checkbox"/> Applicant Interviews   | <input type="checkbox"/> Post-Offer Physicals     |
| <input type="checkbox"/> Background Check       | <input type="checkbox"/> Reference Checks         |
| <input type="checkbox"/> Drug Testing/Screening | <input type="checkbox"/> New Employee Orientation |
| <input type="checkbox"/> Medical Questionnaires | <input type="checkbox"/> Other: _____             |

### **Safety**

**Is a safety program utilized in the workplace?** ☐ Yes ☐ No **If yes, is the program?** ☐ Written ☐ Verbal

**Does the safety program address/include:**

(Please Check All that Apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Accident/Injury Investigation        | <input type="checkbox"/> Safety Committee/Safety Officer |
| <input type="checkbox"/> Blood Borne Pathogen Protocol        | <input type="checkbox"/> Safety Incentive Program        |
| <input type="checkbox"/> Fall Protection                      | <input type="checkbox"/> Safety Orientation              |
| <input type="checkbox"/> Lock Out/ Tag Out Procedures         | <input type="checkbox"/> Third Party Safety Company      |
| <input type="checkbox"/> Personal Protective Equipment        | <input type="checkbox"/> Other: _____                    |
| <input type="checkbox"/> Progressive Disciplinary Action Plan |  |
| <input type="checkbox"/> Return to Work Program               |  |

**Does the driving program address/include:** ☐ N/A

(Please Check All that Apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Cell Phone Usage                       | <input type="checkbox"/> Progressive Disciplinary Plan |
| <input type="checkbox"/> Impaired/Aggressive/Distracted Driving | <input type="checkbox"/> Mandatory Seat Belt Usage     |
| <input type="checkbox"/> Initial and Routine MVR Checks         | <input type="checkbox"/> Vehicle Tracking Device       |

**Does the applicant perform regular safety training?** ☐ Yes ☐ No

**If yes, identify the frequency:**

- ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: \_\_\_\_\_

**Please identify the individual responsible for safety training and their title:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Thank you for completing New Mexico Mutual's Underwriting EZ Quote Form. Please return this form to your assigned underwriter and we will review your account for our best pricing options.