

ANSWERING SERVICE / ALARM MONITORING SUPPLEMENT

1. Name of Applicant:

2. Indicate the percentage of gross receipts for the past 12 months from each activity:

- | | | |
|----|-------------------------------------|-------|
| a. | Telephone Answering (non-emergency) | ____% |
| b. | Beeper Service | ____% |
| c. | Emergency Response Service | |
| | 911 (medical & other emergencies) | ____% |
| | Fire Departments | ____% |
| | Monitoring alarms or alarm systems | ____% |
| | Rape Hotline | ____% |
| | Poison Control Hotline | ____% |
| | Suicide prevention lifeline | ____% |
| | Alcohol/drug abuse lifeline | ____% |
| d. | Other (describe) | ____% |
| | TOTAL | 100 % |

3. Does the Applicant manufacture, install, service or repair beepers, alarm systems or other notification devices? Yes No
If "yes", please provide full details.

4. Does the Applicant provide any answering or monitoring services or act as a check-in point for any security guard service? Yes No
If "yes", please provide full details.

5. Does the Applicant maintain a log of all emergency calls, detailing the caller, date and time of call, the times and locations any emergency vehicle was dispatched? *If "no", please provide full details of the Applicant's emergency call procedure.* Yes No

NOTICE

I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions. Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

nature of Owner, Partner or Principal

Title

Date

Sig