



# United States Liability Insurance Group

## Answering Services

1. Name of Applicant \_\_\_\_\_

2. Please show the percentage of gross income derived from:

- |  |         |  |          |
|--|---------|--|----------|
| <input type="checkbox"/> Alarm Service       | _____ % | <input type="checkbox"/> Emergency           | _____ %  |
| <input type="checkbox"/> Appointment Service | _____ % | <input type="checkbox"/> Order Service       | _____ %  |
| <input type="checkbox"/> Beeper Service      | _____ % | <input type="checkbox"/> Reservation Service | _____ \$ |
| <input type="checkbox"/> Dispatching Service | _____ % | <input type="checkbox"/> Other               | _____ %  |

If other, please describe: \_\_\_\_\_

3. a. Is a log of emergency calls maintained?  Yes  No

If Yes, please describe the information retained (i.e., name, time, location, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. How long are these records maintained? \_\_\_\_\_

4. Do you do answering/monitoring of calls for any security service?  Yes  No

5. Do you manufacture, install, repair or service any communication/notification devices?  Yes  No

6. Please state number of subscribers to your service(s)? # \_\_\_\_\_

7. Describe your system back-up procedures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Attach resumes of principles, partners, and key employees.

9. Attach your client contact for telephone answering services.

**“This supplemental application is subject to the same provisions concerning representations made in the general application originally submitted to obtain professional liability Insurance.”**

IT IS UNDERSTOOD THIS SUPPLEMENT BECOMES PART OF APPLICATION FOR SPECIFIED PROFESSIONS LIABILITY, AND IS UTILIZED TO DEVELOP INFORMATION UNIQUE TO THE OPERATIONS OF THE APPLICANT.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative