



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