



Alarm Company Application

The undersigned hereby makes application for an alarm company license in the City of Leavenworth, Kansas under the provisions of the Code of Ordinances, Chapter 16 Emergency Management and Services

BUSINESS INFORMATION

New \$150.00 Renewal \$150.00 Additional \$35.00 Late Fee

Business Name: _____ KS State Sales Tax #: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Business Email: _____

Brief description of the nature of the company's business: _____

Name & telephone number of at least two (2) responsible representatives to contact in event of an emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

OWNER/APPLICANT INFORMATION (Circle whether owner, applicant or both)

Owner/Applicant Name: _____

Owner/Applicant Address: _____ City: _____ State: _____ Zip: _____

Owner/Applicant Phone: _____ Owner/Applicant Email: _____

MAILING ADDRESS

Business Owner/Applicant Other: _____

TYPE OF ALARM SYSTEM SOLD

Security Fire

Office Use Only	
_____	Date
_____	Received by
_____	Insurance
_____	Account Number
_____	License Number
_____	Bill Number

APPLICATION MUST INCLUDE THE FOLLOWING:

Each alarm company obtaining a permit shall provide a certificate of liability insurance issued by a company authorized to do business in the state providing \$1,000,000.00 per occurrence for bodily injury or property and \$2,000,000.00 aggregate coverage. In the description of operations section, it shall include the following: "Alarm Company" and "City of Leavenworth, its assigned, officers and affiliates are additional insured on a primary and non-contributory basis." The policy shall further include a provision that notice of change or cancellation shall be given to the city.

INITIAL FOR ACKNOWLEDGEMENT

1) Each alarm company shall notify the city clerk's office of all new alarm installations within 60 days of such installation. _____ (Initial)

2) Each late notification will result in a late reporting fee of \$25.00 per late notification. _____ (Initial)

By signing, I agree to comply with the City of Leavenworth Ordinances, Rules, or Regulations that govern the license and that all information provided is true and correct. I additionally acknowledge that I am to provide up-to-date insurance on or before the expiration of the policy.

Owner/Applicant's Signature: _____ Date: _____

ALARM COMPANY LICENSES EXPIRE JUNE 30TH OF EACH YEAR

Fees paid are not prorated, refundable or transferable

Office of the City Clerk • 913-682-9201 • City of Leavenworth • 100 N. 5th Street • Leavenworth, Kansas 66048



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/20/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Agent	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Insurance Company		
INSURED Named Insured	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: Alarm Company

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			Policy #			EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE	\$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	
	Y/N <input type="checkbox"/> N/A						OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Alarm Company. City of Leavenworth, its assigned, officers and affiliates are additional insured on a primary and non-contributory basis. 30 day notice of cancellation will be provided.

CERTIFICATE HOLDER**CANCELLATION**

City of Leavenworth 100 N 5th Street Leavenworth, KS 66048	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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