

TELEPHONE ANSWERING/MESSAGE SERVICE SUPPLEMENTAL APPLICATION

1. Provide the following information for the past year:

Type of Calls	Number	Percent Emergency
Ambulance		
Fire		
Police		
Doctors/Dentists		
Hospital		
Other		

2. Do you provide service for monitoring of alarm or protective systems? Yes No
 If yes, provide details. _____

3. Indicate the percent of total revenue between the following categories:

a. Telephone Answering (non-emergency) _____ %	f. Document Destruction _____ %
b. Beeper Service _____ %	g. Document Storage _____ %
c. Alarm or Emergency Response Service _____ %	h. Administrative Services _____ %
d. 24 Hour Service _____ %	i. Billing Services _____ %
e. One-Call Service* _____ %	j. Other* _____ %

*Provide complete details. _____

	Yes	No
4. Do you manufacture, install or repair beepers, alarm systems or other notification devices?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you provide any secretarial or other business support services? If yes, provide details. _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you retain a record of all calls received, messages taken and when and to whom messages were delivered, either on paper or on computer?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the facility have an automatic auxiliary power supply or manual backup system for use in case of a power failure or fire loss?	<input type="checkbox"/>	<input type="checkbox"/>

It is understood that this supplement becomes a part of the Professional Liability Insurance Application.

Date: _____ Signature: _____
 Title: _____