

**NEGLEY**  
**ASSOCIATES**  
UNDERWRITING MANAGERS



**SCOTTSDALE INSURANCE COMPANY®**

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Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258

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**TELEPHONE ANSWERING/MESSAGE SERVICE SUPPLEMENTAL APPLICATION FOR  
ERRORS AND OMISSIONS COVERAGE**

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)..... \_\_\_\_\_ %
- b. Beeper Service..... \_\_\_\_\_ %
- c. Alarm or Emergency Response Service ..... \_\_\_\_\_ %
- d. 24 Hour Service ..... \_\_\_\_\_ %
- e. One-Call Service\* ..... \_\_\_\_\_ %
- f. Document Destruction ..... \_\_\_\_\_ %
- g. Document Storage ..... \_\_\_\_\_ %
- h. Administrative Services..... \_\_\_\_\_ %
- i. Billing Services..... \_\_\_\_\_ %
- j. Other\* ..... \_\_\_\_\_ %

\*Provide complete details: \_\_\_\_\_

4. Do you manufacture, install or repair beepers, alarm systems or other notification devices?.....  Yes  No

5. Do you provide any secretarial or other business support services?.....  Yes  No  
If yes, provide details: \_\_\_\_\_

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? .....  Yes  No  
If yes, for how long? \_\_\_\_\_

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? .....  Yes  No

It is understood that this supplement becomes a part of the general application for Errors and Omissions Coverage.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Title