

FIRE SUPPRESSION SUPPLEMENTAL APPLICATION

(please complete all questions)

Agency Name:
Agent:
Address: _____
E-mail Address:
Phone Number:

Section 1 - Applicant Information

Applicant (First Named Insured): _____

Address: _____

Company Website: _____

States where you operate: _____ Radius of Operation: _____

Additional Named insureds and description of operations (if coverage requested): _____

Years in business under current name: _____

How many years of experience do you have in your field? _____

Has the applicant operated under a different business name in the past? (If Yes - please describe):

Historical Exposures

	Gross Sales	Payroll	Subcontractor Costs	Number of Employees	Total Vehicle Count (If XS AL requested)
Upcoming Year					
Prior Year 1					
Prior Year 2					
Prior Year 3					
Prior Year 4					

Section 2 - Applicant Operations

1. Are you a: Contractor Subcontractor General Contractor Consultant Other _____

2. **FIRE SUPPRESSION OPERATIONS** (provide a breakdown of applicable operations)

Operations Type	Payroll	Receipts
New Installation		
Retrofit Design		
Service/Repair		
Inspection		
Grease/Duct Cleaning		
Other:		
Total:		

Gross Receipts Breakdown:

Market Segments	Percentage	Market Segments	Percentage	Operations	Percentage	Systems	Percentage
Office Buildings	%	Condos/Town Homes	%	New Installation	%	Wet/Dry Sprinklers	%
Retail	%	Single Family Homes	%	Retrofit Design	%		
Industrial/Mfg.	%	Airports/Aviation Facilities	%	Service/Repair	%	Foam/Chem Systems	%
Restaurants	%			Inspection	%		
Hotels/Motels	%	Marine/Off Shore Facilities	%	Grease/Duct Cleaning	%	Portable Extinguishers	%
Schools/Institutions	%						
Hospitals/Nursing Homes	%	Other	%	Other	%	Special Hazards	%
Apartment Buildings	%	Description: _____		Description: _____			
		Total:	%	Total:	%	Total:	%

3. Percent of jobs including:
 Fire Pumps _____% Foam _____% Gas/Chemical _____% Fire Hydrants or Stand Pipes _____% Other _____%

4. Approximately what percentage of jobs use PVC and/or CPVC pipe? _____%
 a. Are all of your fitters trained on the various cure times for different size pipes? Yes No
 5. Do you have any plumbing work (other than fire suppression)? Yes No
 If Yes, please provide a description of operations: _____

Associated Revenues: _____

6. Do you perform any work at airports/aviation facilities? Yes No
 7. Do you perform any work at marine/offshore facilities? Yes No

8. Do you perform any work at equipment, boats? Yes No
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 QNo, Does Applicant anticipate performing such work in the future? Yes No

10. In the past, present or future, any exposure to the following:
 If Yes, please provide max number of units
 Condominium Yes No _____ max number of units
 Townhomes Yes No _____ max number of units
 Tract homes Yes No _____ max number of units
 Apartments Yes No _____ max number of units

11. Does Applicant fill any type of oxygen tanks? Yes No
 12. If retrofit work is done, describe the type of retrofit work, occupancy, number of stories, reason, etc.:

13. If retrofit work is done, do the job proposals and contracts include an asbestos clause mandating the removal of asbestos by a third party prior to the work commencement? Yes No
 14. Does Applicant install system in buildings over four (4) stories? Yes No
 15. Does Applicant manufacture any fire protection equipment? Yes No
 16. Does Applicant sell any type of product including protective clothing or life support equipment? Yes No
 17. Are you covered as Additional Insured under Vendors coverage by manufacturer? Yes No

18. Does Applicant design fire suppression/extinguishing systems? Yes No
 (If Yes, answer the following)
- a. Are employees with Level III or IV Certificates used? Yes No
- b. Is there a licensed and/or registered Professional Engineer (P.E.) on staff? Yes No
 (If Yes, answer the following)
- i. Does the P.E. stamp and seal their own plans? Yes No
- ii. Does the P.E. stamp and seal plans for outside firms? Yes No
- c. Are outside firms used for design work? Yes No
 If Yes, what percent of total design? _____ %
- d. Does Applicant do any design work for other firms? Yes No
 If Yes, what percent of design work done for other and describe: _____
19. Does the plan owner or draftsman approve any changes to the specifications? Yes No
20. Does the insured management (job foreman) approve any changes the specifications? Yes No
21. Does Applicant prepare drawings for suppression system installations? Yes No
 If Yes, describe how such drawings are checked for compliance with specifications of the system and the local building and life safety codes: _____

22. Describe any fuels, chemicals, or other hazardous materials at the jobsite, how they are stored/protected, and spill prevention methods: _____

23. Are detailed records kept on all jobs? (If Yes, answer the following) Yes No
- a. Please check what records contain:
 Type of work performed Materials used Replaced or recharged parts Dates when system was activated
- b. How long are records retained? _____
- c. Are duplicate records kept at another location? Yes No
- d. Does Applicant use electronic field inspection system? Yes No
24. Are all contractors and subcontractors used by you required to carry insurance? Yes No
 If No, what are your uninsured sub costs? _____
25. Does the written contract require contractors and subcontractors to:
- Name you as an additional insured?
- Indemnify you and hold you harmless for their work?
- Waive subrogation against you?
- Provide limits equal to or greater than your limits?
26. Do you obtain certificates of insurance from all contractors and subcontractors? Yes No
27. How long do you retain those certificates? _____
28. What limits of insurance do you require your subcontractors to carry for:
 _____ General Liability _____ Umbrella/Excess Liability
29. Describe your five largest projects of the last five years: _____

30. Provide a list of work in progress: _____

Section 3 - Loss Control

EMPLOYEE SAFETY/HIRING/TRAINING INFORMATION

- | | | |
|---|-----|----|
| 1. Do you have formal written safety program in place? If yes, please provide a copy. | Yes | No |
| 2. Does your safety program incorporate OSHA standards and best practices? | Yes | No |
| 3. Has the insured had any OSHA violations? | Yes | No |
| a. If yes, please provide details: _____ | | |
| 4. What is the insured's current Workers Compensation Experience Mod? | | |
| _____ | | |
| 5. Is there a formal safety director? | Yes | No |
| a. If no, who administers the safety program? _____ | | |
| 6. Are safety meetings held on a regular basis? | Yes | No |
| a. How often? _____ | | |
| 7. Do you have a formal training program for new employees? | | |
| 8. Is there a formal accident reporting system in place? | Yes | No |
| 9. Do your hiring practices require: | | |
| a. Criminal background checks? | Yes | No |
| b. Physical exam checks? | Yes | No |
| c. Pre-Employment and Random or Post Accident Drug testing? | Yes | No |
| 10. Does the insured lease any employees? | Yes | No |

Section 4 - Coverage & Loss History

Current Carrier Information

Carrier: _____ CGL Limits: _____ Retention Amount: _____

We require:

- 5 years of currently valued loss runs (90 days prior to inception) for any requested coverage or scheduled underlying coverage
- Detailed description of any open loss above \$25,000.

Has any insurance carrier cancelled or declined to renew similar insurance coverage in the last 5 years to any applicant for reasons of non-payment of premium to any insurance (or finance) company? If Yes, explain: Yes No

Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability? For the purpose of the application only, a claim means a receipt of a demand for money, service or arbitration. If "Yes," please describe below, including the name(s) of the person, company, entity and the name(s) and location(s) of the project(s) where such operations were performed (attach separate sheet if necessary): Yes No

Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents (including but not limited to: allegations of faulty or defective workmanship, product failure, construction dispute, property damage or construction injury) at a location or project where your company has performed operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company If "Yes," please describe below, including the name(s) and location(s) of the projects where such operations were performed (attach separate sheet if necessary):

Yes No

FRAUD WARNING NOTICE

California: For your protection California law requires the following to appear on this form "Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Arizona: For your protection Arizona law requires the following statement to appear on this form. "Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

New York: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the state value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

All other states:

WARNING: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS INFORMATION CONCERNING ANY FACT MATERIAL THERETO FOR THE PURPOSE OF MISLEADING SUCH INSURANCE COMPANY OR OTHER PERSON, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE A FELONY CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. PENALTIES MAY INCLUDE RESTITUTION, IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.

[Signatures on Next Page]

SIGNATURES

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does acceptance or review of this application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

APPLICANT SIGNATURE:

Applicant Name (Printed)

Applicant Title

Applicant Signature*

Date

* ELECTRONIC SIGNATURE AND ACCEPTANCE

PRODUCER INFORMATION:

Producer Name (Printed)

Producer Signature*

Agency/Brokerage Name

License #

Date

* ELECTRONIC SIGNATURE AND ACCEPTANCE

* You may sign this form electronically by checking the Electronic Signature and Acceptance box below your signature and then either applying your electronic signature to or typing your name above the signature line on this form. By doing so, you agree that your use of a keypad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third-party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.