



PROGRAM UNDERWRITERS

Fire Sprinkler Select-Fire Suppression Contractors Supplemental Application

Sprinkler Installation, Restaurant/Special Systems, Extinguisher Systems & Dealers, Fire & Safety Equipment Dealers, Alarm Installation & Dealers

Insurance Agent Information

Section 1

Agency Name	Producer Name
Address	Agency Phone
Agency Email address	Agency Fax

General Information

	Effective Date _____
Legal Name of Insured	
Mailing Address	County
	FEIN
Website Address	Tax ID
<p>Are there any ongoing operations (past/present) that are not reflected on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what are they?</p>	
Contact Name for Inspection/Audit	Contact Phone
Years in Business (under current name)	Years of Experience / Association Membership Names /

Within the past 10 years, did the insured operate under a different name? Yes No

If yes, please explain.

Previous, current, planned States of Operation:

Please describe all duties of Executives/Officers and do they work in the field?:

Number of Employees: _____ Number of Executives/Officers/Owners: _____ Number of Part-Time Employees: _____

What is the employee turnover ratio? _____ Average Tenure? _____

Does the insured have a new hire program with physicals, drug screenings, etc.?

Yes No

Does insured hire employees with a minimum number of years' experience?

Yes No

- If **Yes**, how many years of experience? _____

- If **No**, do New Hire's go through training with your most experienced employees?

Yes No

Does the insured have written jobsite safety procedures?

Yes No

Are jobsite safety meetings or tailgate meetings held at jobsites?

Yes No

Are attendance records kept?

Yes No

Is there a safety director in place?

Yes No

Does the insured have written jobsite loss prevention procedures or checklist for installs, service, inspections?

Yes No

- If Yes, does it contain:

- A. A detailed pre-inspection of project?

Yes No

- B. A loss prevention or water damage prevention checklist (including valve shut down/startup instructions, tagging of offline systems, etc if applicable)?

Yes No

- C. Procedures for staging/placement of jobsite materials?

Yes No

- D. A detailed final supervisor sign-off of project?

Yes No

Does the insured perform in-house design of any type of system or product to install, use, or sell?

Yes No

- If yes, describe types of systems/products designed (sprinkler systems, restaurant hoods, alarm systems, etc)

- If Yes, what qualifications do the in-house designers (draftsmen) have?

- NICET Certified Technician (for sprinklers):

- Automatic Sprinkler System Layout

- Level: I II III IV

- Inspection and Testing of Water-Based Systems

- Level: I II III IV

- Special Hazards Suppression Systems

- Level: I II III IV

- Other **(describe)**: _____

- Level: I II III IV

- PE (Professional Engineer)

- Other **(describe)**: _____

- If systems are designed, does anyone besides the insured install these systems?

Yes No

Are visitors or clients prohibited from entering service or storage areas?

Yes No

Do you store containers or cylinders on your premises?

Yes No

How frequently are they inspected for leaks and/or corrosion? _____

Does the insured sell or perform any asbestos removal/abatement that is not subcontracted out?

Yes No

Does the insured manufacture any firefighting equipment or emergency breathing apparatus/lifesaving products?

Yes No

If yes, please describe and show sales/receipts in the grid below (Fire Protection Equipment):

- Does insured ever perform operations in refineries or petrochemical plants? Yes No
- Does insured ever perform operations in buildings containing medical equipment or medical machinery? Yes No
- Does insured ever perform operations in assisted living homes or correctional facilities? Yes No

• If yes to any of the above, please describe the types of operations & loss prevention precautions taken:

- Does the insured hire subcontractors? Yes No
1. If yes, are certificates of insurance obtained/maintained from all subcontractors? Yes No
 2. Does the insured require subs to carry insurance limits equal to or exceeding the insured's limit? Yes No
 3. Is there a subcontractor agreement between the insured and subcontractors containing hold harmless and indemnification language in favor of the insured? Yes No
 4. Are subcontractors required to name the insured as an additional insured on their liability policies? Yes No

Please describe operations that are subcontracted (alarm monitoring, coring, overflow work, etc):

Indicate the estimated annual cost of subcontracted work: \$ _____

	PAYROLL			REVENUE		
	This Year Estimated	Last Year - Actual / Audit Results	Previous Year - Actual / Audit Results	This Year Estimated	Last Year - Actual / Audit Results	Previous Year - Actual / Audit Results
Sprinkler Systems – Install/Service/Repair	\$	\$	\$	\$	\$	\$
Restaurant Systems – Install/Service/Repair	\$	\$	\$	\$	\$	\$
Extinguishers – Service/Refilling/Testing	\$	\$	\$	\$	\$	\$
Fire Protection Equipment – SALES <i>(include alarm system and extinguisher sales - exclude installed/ serviced/ repaired systems)</i>	NEED REVENUE/SALES INFO ONLY			\$	\$	\$
Alarms – Install/Service/Repair	\$	\$	\$	\$	\$	\$
Draftsmen- Employees who design sprinkler systems, kitchen hoods, alarm systems, etc.	\$	\$	\$	\$	\$	\$
Owners/Officers Working in the Field	\$	\$	\$	\$	\$	\$

Operation of business - please check all that apply and complete section(s):

- | | |
|---|---|
| <input type="checkbox"/> Sprinkler Systems Contractor
(Complete Section 2) | <input type="checkbox"/> Restaurant/Special Systems Contractor
(Complete Section 3) |
| <input type="checkbox"/> Fire Extinguisher Systems Contractor
(Complete Section 4) | <input type="checkbox"/> Fire/Safety Equipment Dealers & Distributors
(Complete Section 5) |
| <input type="checkbox"/> Alarm/Security Systems Contractor
(Complete Section 6) | <input type="checkbox"/> Alarm System Dealers & Distributors
(Complete Section 6) |

What percentage of the risk's operations emanate from installations, service or repairs within the following bldg categories:

Commercial: _____ Industrial : _____ Condos: _____ Apts: _____ Tract Homes: _____ Custom Homes: _____

Section 2

Sprinkler Contractor Information

What percentage of operations is: **New** _____ % **Retro or Repair** _____ %

Does the insured use CPVC piping for any sprinkler installations? Yes No

- What percentage of insured's operations involves CPVC? _____ %
- What percentage of the CPCV work is: **New** _____ % **Retro or Repair** _____ %
- Does insured static pressure test CPCV systems that are installed/serviced/repaired? Yes No
 - At what pressure? _____
 - For how long? _____
- Are all fitters trained on the various cure times for different size pipes? Yes No
- How long do you let a "cut-in" cure for pipes 1¼" _____, 1½" _____, and 2" _____?
 - Is the cure time adjusted for:

• Temperature?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Humidity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Angle cut of pipe?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does the insured keep permanent records of "as built" sprinkler plans and hydraulic calculations? Yes No

If Yes, for how many years? _____

Is work completed to NFPA standards? Yes No

Is any worked performed on vehicles, watercraft, aircraft, or mobile equipment? Yes No

(Our policies EXCLUDE liability coverage for work performed on vehicles, watercraft, aircraft, and mobile equipment)

Any current or past involvement with wrap-up / OCIP? Yes No

Any residential wrap-ups? Yes No

What percent of the risk's operations emanate from the installation, servicing or repair of water based extinguishing systems within the following four categories:

- | | |
|---|---------|
| 1. Category I – Wet Pipe System | _____ % |
| 2. Category II – Dry Pipe System Under Air Pressure | _____ % |
| 3. Category III – Pre Action Systems | _____ % |
| 4. Category IV – Deluge Systems | _____ % |

Restaurant / Special Systems Information**Section 3**

What percentage of total operations involve hood/duct cleaning? _____

Does the insured keep permanent records of "as built" restaurant/special systems plans and hydraulic calculations? Yes No
If Yes, for how many years? _____Is any worked performed on vehicles, watercraft, aircraft, or mobile equipment? Yes No
(Our policies EXCLUDE liability coverage for work performed on vehicles, watercraft, aircraft, and mobile equipment)Any current or past involvement with wrap-up / OCIP? Yes No**Fire Extinguisher Services****Section 4****Description of Operations**

Please provide a brief description of operations:

What % of Fire Extinguisher work is onsite testing and refilling? _____

Is any worked performed on vehicles, watercraft, aircraft, or mobile equipment? Yes No
(Our policies EXCLUDE liability coverage for work performed on vehicles, watercraft, aircraft, and mobile equipment)**Fire Safety Equipment Dealers Information****Section 5**Does the insured modify any products manufactured by others prior to sale? Yes No

If Yes, please describe all such products and the annual sales volume for each:

Does the insured sell any firefighting equipment or emergency breathing apparatus/lifesaving products? Yes No

If yes, please explain.

Is the insured named as an additional insured on the manufacturer's general liability policy? Yes NoFor any products not manufactured by the insured, not modified by the insured, and not imported by the insured, does the manufacturer provide the insured with Products Liability 'Vendors' coverage? Yes NoIs any worked performed on vehicles, watercraft, aircraft, or mobile equipment? Yes No
(Our policies EXCLUDE liability coverage for work performed on vehicles, watercraft, aircraft, and mobile equipment)

Section 6

Alarm Information

- Does the insured sell medical alarm monitoring devices or provide medical alarm monitoring service? Yes No
- Are any of the systems designed by the insured installed by subcontractors or sold to other contractors? Yes No
- Does the insured keep permanent record of "as built" alarm plans?
If Yes, for how many years? Yes No
- Does the insured perform any alarm monitoring services (not subcontracted to third party)? Yes No
- Does insured install any alarm systems in vehicles, watercraft, aircraft, or mobile equipment?
(Our policies EXCLUDE liability coverage for work performed on vehicles, watercraft, aircraft, and mobile equipment) Yes No

HISTORICAL GENERAL LIABILITY EXPOSURE (All Info Required)

	Expiring Year Term:	1st Prior Year Term:	2nd Prior Year Term:	3rd Prior Year Term:	4th Prior Year Term:
Premium					
Payroll					
Revenue					

Please complete if Umbrella is needed

Personal Usage

- Do you have written guidelines on personal use of company vehicles? Yes No
 - Does this include distracted driving protocols (E.G. No texting) Yes No
 - Are MVR's required for New Hires and at least annually on all drivers? Yes No
- Do you allow employee family members to drive the company cars? Yes No

Signature Page

Has Insured ever had a lapse in coverage? Yes No

Does Insured have any knowledge of any previous operations that could give rise to a claim in the future? Yes No

Has any insurance company previously canceled or declined to renew coverage? Yes No

If **YES**, Explain:

Attachments and Representations:

UNLESS ALREADY PROVIDED, ATTACHMENTS TO THIS APPLICATION SHOULD INCLUDE THE FOLLOWING:

- Complete, Updated ACORD forms 125,126,131
- 5 years of currently valued (within 90 days) hard copy loss runs, including loss details and descriptions
- Copy of Jobsite Loss Prevention Procedures Manual or Checklist (Wet Work, Installs, Testing, Inspections, etc)
- Copy of Jobsite Safety Procedures Manual or Table of Contents Page
- Copy of Subcontract Agreement w/\$1,000,000 Minimum Limit/Hold Harmless Clauses/Indemnification Language (if subs are used)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS THE QUESTIONS SET FORTH IN THIS SURVEY AND THAT THE INFORMATION PROVIDED IN THIS SURVEY, INCLUDING ANY ATTACHMENTS, IS TRUE AND ACCURATE AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Applicant's Signature

Date

Producers Signature

Date