

## Fire Suppression Contractors General Liability Application

First Named Insured: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
Street City State Zip

Contact person for inspection and/or audit: \_\_\_\_\_ Phone: \_\_\_\_\_

Web site address: \_\_\_\_\_

1. Business type:  Individual     Partnership     Corporation     LLC     Other: \_\_\_\_\_
2. Number of years in business? \_\_\_\_\_ Number of years under this name? \_\_\_\_\_ Number of years experience in this field? \_\_\_\_\_
3. Are you involved in any other operations :  No     Yes (describe): \_\_\_\_\_  
 \_\_\_\_\_

4. Are you and/or your firm a member of:  NFPA     SFPE     NFSA     AFSA     Other: \_\_\_\_\_

5. List of Key Field Supervisors:

<u>Name</u>	<u>Yrs in Industry</u>	<u>Professional Designations</u>	<u>Yrs with your firm</u>	<u>DOB</u>

6. Describe duties of owner: \_\_\_\_\_  
 \_\_\_\_\_

7. Five (5) largest clients: Work performed for them:



8. Do you use a signed contract with all customers?  No     Yes

**Please attach a copy of your standard customer contract or purchase order.**

9. Your pre-employment screening procedures include (check all that apply):  
 Prior employment check     Background check     Drug screening     MVR
10. Your training program consists of (check all that apply):  
 Written Manual     Report Writing     CPR     Apprenticeship Program     On the Job  
 Other (describe): \_\_\_\_\_

11. List all work related / professional licenses held by you and your employees (use a separate sheet if necessary): \_\_\_\_\_  
 \_\_\_\_\_

Have any licenses ever been suspended or revoked?  No     Yes (explain): \_\_\_\_\_  
 \_\_\_\_\_

12. **OPERATIONS:**

**Annual Gross Receipts (based on policy term):**

Projected year: \$ \_\_\_\_\_ Current year: \$ \_\_\_\_\_ Last year: \$ \_\_\_\_\_ Prior year: \$ \_\_\_\_\_

<b>Breakdown of Operations:</b>	<b>Percentage:</b>	<b>Projected Payroll</b>	<b>Projected Annual Gross Receipts</b>
New Installation	%	\$	\$
Retrofit	%	\$	\$
Design	%	\$	\$
Service and Repair	%	\$	\$
Inspection	%	\$	\$
"Day Work" **	%	\$	\$
Plumbing	%	\$	\$
Other:	%	\$	\$

\*\*\*"Day Work" is a small, short duration project

13. Using **projected annual gross receipts**, estimate the percentage of sales in each of the following categories:

<b>MARKET SEGMENTS</b>	<b>SYSTEMS</b>
% Commercial	% Wet / Dry Sprinklers
% Restaurants	% Foam / Chemical Systems
% Institutional	% Special Hazards
% Residential	% Portable Extinguishers
% Computer Rooms	% CO <sub>2</sub>
% Hospital	% Halon
% Nursing Homes	% Other "Gaseous" Systems
% Marine, Off Shore, Airports, Aviation	

14. Do you use any subcontractors?  No  Yes

- a. If yes, annual cost: \$ \_\_\_\_\_
- b. What kind of work is subcontracted? \_\_\_\_\_
- c. Do you use a written contract with all of your subcontractors?  No  Yes If yes, **please attach a copy of the contract.**
- d. Do you obtain Certificates Of Insurance from all of your subcontractors?  No  Yes
- e. Do you require that all subcontractors include you as an Additional Insured under their policy?  No  Yes
- f. Do all subcontractors carry minimum limits of \$1,000,000 each occurrence / \$2,000,000 annual aggregate?  No  Yes

15. Have any of your jobs been in gasoline / fueling stations, chemical plants, refineries, nuclear power plants, or similar hazardous occupancies?  No  Yes If "Yes" provide details: \_\_\_\_\_

16. Have you ever installed sprinkler heads that are subject to recall (e.g., Omega, Central, Star, and Gem)?  No  Yes

If "Yes", have the sprinkler heads been replaced?  No  Yes If "No", please explain: \_\_\_\_\_

17. Do you notify customers in writing:

- a. Not to deactivate parts of the system?  No  Yes
- b. Confirming installation standards?  No  Yes
- c. That the property owner's representative witnessed the system?  No  Yes
- d. That it is the responsibility of the owner or manager of the location to maintain the system?  No  Yes

18. Do you perform any retrofit work?  No  Yes If "Yes":

- a. Describe type of retrofit work, occupancy, number of stories, reason for retrofit, etc.: \_\_\_\_\_
- b. Do the job proposals and contracts include an asbestos clause mandating the removal of asbestos by a third party prior to commencement of work?  No  Yes

19. Do you install systems in buildings over four (4) stories?  No  Yes

20. Do you manufacture any type of fire protection equipment?  No  Yes
21. Do you sell any type of product uninstalled?  No  Yes If "Yes",
- a. Do the manufacturers cover you as "Additional Insured" under Vendors coverage?  No  Yes
22. Are any fire suppression / extinguishing systems designed by your employees?  No  Yes If "Yes":
- a. Are employees NICET Level III or IV Engineering Technicians?  No  Yes If "Yes", please list:
- \_\_\_\_\_
- \_\_\_\_\_
23. Is there a licensed and /or registered Professional Engineer (P.E.) on staff?  No  Yes If "Yes",
- a. Does the P.E. stamp and seal their own plans?  No  Yes
- b. Does the P.E. stamp and seal plans for outside firms?  No  Yes
24. Are outside firms used for design work?  No  Yes If "Yes",
- a. What percent of total design: \_\_\_\_\_%
- b. Are the system designers P.E. or NECET III or IV Engineering Technicians?  No  Yes
25. Do you do any design work for other firms?  No  Yes If "Yes",:
- a. Show percentage of design work done for others and describe: \_\_\_\_\_
- \_\_\_\_\_
- b. Does your system designer approve any changes to the design?  No  Yes
- c. Does your manager/job foreman approve any changes to the design?  No  Yes If "Yes", describe how such design changes are checked for compliance with the owner's specifications, local building and state codes:
- \_\_\_\_\_
- \_\_\_\_\_
26. Are detailed records kept on all jobs?  No  Yes Check all that are typically kept in those records:
- Dates  Type of work performed  Materials used  Replaced or recharged parts  Date system is activated
- a. How long do you keep these records? \_\_\_\_\_ years
- b. Are duplicate records kept at another location?  No  Yes
- c. Do you use electronic field inspection system?  No  Yes
27. At completion of job, who verifies that all work complies with NFPA Standards and local codes? \_\_\_\_\_
- \_\_\_\_\_
28. What percentage of jobs use: CPVC pipe \_\_\_\_\_% Copper \_\_\_\_\_% Metal \_\_\_\_\_%
- Are all of your fitters trained on the various cure times for different size pipes?  No  Yes
29. Describe any fuels, chemicals, or other hazardous materials stored at the job site; how they are stored/ protected; spill prevention methods: \_\_\_\_\_
- \_\_\_\_\_
30. **COVERAGE REQUESTED**
- |   |          |  |
|---|----------|--|
| Each Occurrence                           | \$ _____ |  |
| General Aggregate                         | \$ _____ |  |
| Products / Completed Operations Aggregate | \$ _____ |  |
| Personal & Advertising Injury Aggregate   | \$ _____ |  |
| Fire Legal Liability                      | \$ _____ |  |
| Medical Payments                          | \$ _____ |  |
- Deductible options:  \$1,000  \$2,500  \$5,000  \$10,000  Other: \$ \_\_\_\_\_

31. **GENERAL LIABILITY CLAIM HISTORY.** Please include with your submission five (5) years, currently valued, hard copy, company Loss Runs. If there have been no claims / losses, please state "None".

Date of Loss	Description	Amount Paid	Amount Reserved	Status (open / closed)

Please describe any additional incidents that have occurred that may result in a claim or suit being brought against you. If none, so state:

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32. **POLICY INFORMATION**

Policy Period		Insurer	Limits	Premium	Exposure Basis (e.g., receipts, payroll)	Deductible
From	To					
/ / : / /			\$	\$	\$	\$
/ / : / /			\$	\$	\$	\$
/ / : / /			\$	\$	\$	\$
/ / : / /			\$	\$	\$	\$
/ / : / /			\$	\$	\$	\$

Has any insurance company in the past five (5) years cancelled or refused to renew your insurance coverage?  No  Yes

If "Yes", please describe: \_\_\_\_\_

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**State Notices: The following notices are required by the Insurance Department of the indicated states.**

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE INSURANCE, NOR DOES REVIEW OF THE APPLICATION BIND THE INSUROR TO ISSUE A POLICY. IT IS AGREED, HOWEVER, THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

SIGNED BY (please print): \_\_\_\_\_  
Name
Title

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Producer Signature \_\_\_\_\_ Date \_\_\_\_\_

**PRODUCER INFORMATION**

Agency Name: \_\_\_\_\_

Producer: \_\_\_\_\_

Address: \_\_\_\_\_

email: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_