

## FIRE SUPPRESSION SYSTEM CONTRACTORS APPLICATION

Applicant Name:

Agent's Name:

Mailing Address:

Mailing Address:

Location Address:

Proposed Effective Date:

From: 12:01 A.M. Standard Time at  
the address of the Applicant

To:

Bankruptcy – Within the last 5 years, were there any pending or planned bankruptcies, or judgements for unpaid taxes against you, or your majority partner? Yes    No

Receivership – Within the last 5 years, has the property undergone or are there any plans for the property to undergo receivership? Yes    No

FEIN:

Applicant is:            Individual                      Joint Venture                      LLC  
                                 Corporation                      Partnership                      Other – Specify:

Inspections and Audit Information:

    Contact Name:

    Title:

    Phone Number:

Website:

1) Years in Business under the current name:

    Provide other names under which you have conducted Business:

2) States in which you will do or have done business:

3) Description of operations:

4) Percentage of operations:

    General Contractor %

    Subcontractor %

5) Direct Payroll, Subcontractor Cost and Gross Sales:

Estimates for next 12 months:

Direct Payroll           \$

Subcontractor Cost   \$

Gross Sales             \$

Actual for five prior years:

Year	Direct Payroll	Subcontractor Cost	Gross Sales
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

6) Estimate the percentage of gross receipts obtained from each of the following categories. Each column should total 100%:

OPERATIONS		CLIENTS		SYSTEMS	
New Installation	%	Commercial	%	Wet	%
Retrofit	%	Industrial	%	Dry	%
Service/Repair	%	Hospital/Medical	%	Foam	%
Design Services	%	Apartments	%	Chemical	%
Inspection/Testing	%	Single Family	%	Special Hazard	%
Kitchen Hood/Duct Cleaning	%	Condos	%	Portable Extinguishers	%
Other:		Restaurant/Food	%	Fire Alarm	%
	%	Hotel/Motel	%	Burglar Alarm	%
		Other:		Other:	
			%		%
<b>Total</b>	<b>100%</b>	<b>Total</b>	<b>100%</b>	<b>Total</b>	<b>100%</b>

7) Do you provide alarm monitoring services? Yes    No

If subcontracted, do you require General Liability & Professional Liability Insurance with additional insured status and contractual indemnification in your favor? Yes    No

Limits of insurance required?

8) Do you install, service or repair fire suppression systems or alarms on aircraft, automobiles, mobile equipment or watercraft? Yes    No

9) Do you install, service or repair emergency medical alert systems or nurse/help call buttons? Yes    No

10) Have you or would you ever perform operations in nuclear plants, chemical plants, refineries, mines, oil and gas facilities or similar locations? Yes    No

If Yes, provide details:

- |   |     |    |
|---|-----|----|
| 11) Do you design, inspect, test or certify systems installed by others?<br>If Yes, provide details:  | Yes | No |
| 12) Is all design work, whether internal or subcontracted, performed by properly certified professional engineers or architects?  | Yes | No |
| If subcontracted, do you require General Liability & Professional Liability Insurance with additional insured status and contractual indemnification in your favor?                   | Yes | No |
| Limits of insurance required?   |     |    |
| 13) Are all designs implemented by properly certified NICET technicians?  | Yes | No |
| 14) In which industry organizations and associations do you maintain membership?  |     |    |
| 15) List the licenses, professional designations and certifications held by you and your employees.   |     |    |
| 16) Are all systems designed and installed in accordance with applicable NFPA standards?  | Yes | No |
| 17) Are all sprinkler systems intended for use in freezing environments designed and installed with proper insulation of pipes and components or the spaces in which they are placed? | Yes | No |
| 18) Have you ever had a claim resulting from freezing sprinkler pipes or components?<br>If Yes, explain:  | Yes | No |
| 19) Are all systems you install, repair or perform services upon thoroughly inspected for possible leak or burst points prior to testing, activation or pressurization?               | Yes | No |
| 20) Have you ever had a claim due to a leak or discharge while testing, activation or pressurization of a system?<br>If Yes, explain:   | Yes | No |
| 21) Do you manufacture, directly import or sell under your own label any fire protection equipment, protective clothing or life support equipment?                                    | Yes | No |
| 22) Are records maintained on all work, including design and testing, you perform?<br>If Yes, how long are records retained?  | Yes | No |
| 23) Have you been cited by OSHA or MSHA for violations in the past five years?<br>If Yes, explain:  | Yes | No |
| 24) Do employ a full-time safety director?<br>Name:<br>Telephone:   | Yes | No |

- |  |                                |
|--|--------------------------------|
| <p>25) Have you performed work, are you currently, or will you perform work in excess of two (2) stories or in excess of thirty feet in height?<br/>If Yes, explain details on your fall protection plan:</p>  | <p>Yes    No</p>               |
| <p>26) Do you have operations other than fire suppression installation, service or repair?<br/>Covered by other insurance?<br/>If Yes to either question, explain:</p>   | <p>Yes    No<br/>Yes    No</p> |
| <p>27) Do you hire independent contractors to perform work on your behalf?<br/>If No, disregard questions 28, 29, 30 and 31.</p>   | <p>Yes    No</p>               |
| <p>28) Do you execute written contracts including indemnification clauses in your favor with all independent contractors performing work for you?<br/>If No, explain exceptions:</p>   | <p>Yes    No</p>               |
| <p>29) Do your written contracts with your independent contractors require the independent contractor to maintain Commercial General Liability insurance including you as an Additional Insured?<br/>If Yes, minimum limits of insurance required?</p>   | <p>Yes    No</p>               |
| <p>30) Do your written contracts with your independent contractors require the independent contractor to maintain Workers Compensation insurance?<br/>If No, explain exceptions:</p>   | <p>Yes    No</p>               |
| <p>31) Do you maintain copies of contracts and Certificates of Insurance for a minimum of ten years?<br/>If No, how long?</p>  | <p>Yes    No</p>               |
| <p>32) Do you employ temporary, volunteer or casual workers?<br/>If Yes, describe:</p>   | <p>Yes    No</p>               |
| <p>33) Do you maintain Workers Compensation insurance?<br/>If Yes, attach your current experience Modification worksheet.</p>  | <p>Yes    No</p>               |
| <p>34) Are you or your company aware of any facts, circumstances, incidents, or accidents (including but not limited to faulty or defective workmanship, product failure, construction dispute, breach of contract, property damage or worker injury) 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?<br/>If Yes, provide detailed explanation below:</p> | <p>Yes    No</p>               |

Note the following documents are material to completion of the questionnaire and must be attached:

Five-year loss summary based on company loss runs valued within 90 days of the proposed effective date.

Five largest projects completed during the past year including details on type of work performed.

Ongoing projects and projects scheduled for the upcoming year.

Current Workers Compensation Experience Modification worksheet.

Statement of qualifications, brochure or other advertising material.

Copies of open and closed OSHA or MSHA violations and related correspondence.

## Fraud Notices

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** 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)\*. \* Applies in FL only.

**Applicable in KS:** Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY only.

**Applicable in ME, TN, VA, and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Applicable in all other States:** 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

**Other State Notices**

**Applicable in RI:** THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

***If you prefer not to return the questionnaire with an electronic signature, please print and sign.***