



# Fire Sprinkler & Fire Suppression Program Supplemental Application

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

## Section 1

<b>First Named Insured</b>	<b>Address</b> <span style="float: right;">Physical      Mailing</span>
<b>Primary Contact Name</b>	<b>Phone Number</b>
<b>Website Address</b>	<b>Years in Business</b>
<b>Have you operated under any different names in the past 10 years? If yes, what names?</b> YES      NO	

1. Previous, current, planned States of Operation:

2. Risk is operating as:      *General Contractor* \_\_\_\_\_%      *Prime Contractor* \_\_\_\_\_%      *Subcontractor* \_\_\_\_\_%

	PAYROLL			RECEIPTS		
	This Year Projected	Last Year - Actual / Audit Results	Previous Year - Actual / Audit Results	This Year Projected	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 (including alarm system and extinguisher sales - exclude installed/serviced/repaired systems)	NO INFO NEEDED	NO INFO NEEDED	NO INFO NEEDED	\$	\$	\$
Alarms – Install/Service/Repair	\$	\$	\$	\$	\$	\$
Plumbing – Residential or domestic	\$	\$	\$	\$	\$	\$
Insulation	\$	\$	\$	\$	\$	\$



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To help us provide you the most competitive terms, please complete the table below.

## HISTORICAL GENERAL LIABILITY EXPOSURE

	Expiring Year Term:	1st Prior Year Term:	2nd Prior Year Term:	3rd Prior Year Term:	4th Prior Year Term:
Premium					
General Liability Payroll					
Receipts					

3. Does the risk have knowledge of any pre-existing act, omission, event or condition or damage to any person or property that may potentially give rise to any future claim or legal action? Yes    No

A. If **yes**, please describe.

### HIRING & TRAINING PRACTICES

4. Number of Employees:              Number of Executives/Officers/Owners:              Number of Part-Time Employees:

5. What is the insured's employee turnover ratio?

6. Do Executives/Officers/Owners perform work in the field? Yes    No

7. Does the insured have a New Hire Orientation Program with pre-physicals, drug screening, etc.? Yes    No

8. Does insured hire employees with a minimum number of years experience? Yes    No

A. If **yes**, how many years of experience?

B. If **no**, do New Hires go through extensive training with the insured's most experienced employees? Yes    No



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9. Does the insured have a formal written safety program in effect? Yes    No
10. How often are safety meetings held? Yes    No
- A. Are attendance records kept? Yes    No
- B. Is there a safety director in place? Yes    No
11. Does the insured have a formal written quality control / loss prevention procedures/manual? Yes    No
- A. Does it contain a pre-inspection of each project? Yes    No
- B. Is there a water damage prevention checklist including valve shut down/startup instructions, red tagging of offline systems, etc? Yes    No
- C. Are there procedures for staging/placement of jobsite materials to prevent slip, trip, and falls? Yes    No
- D. Is there a detailed final supervisor sign-off of project? Yes    No
12. Does the insured fabricate or design any type of system or product to use/sell/install? Yes    No
- A. If **yes**, explain types of systems/products fabricated or designed (E.G. – sprinkler systems, restaurant hoods, alarm systems)
13. What qualifications do the designers have?
- NICET Certified Technician:

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 <b>(describe)</b> :	Level:	I	II	III	IV

PE (Professional Engineer)

Other **(describe)**:
14. If systems are designed or fabricated, does anyone besides the insured install these systems? Yes    No
15. Does the insured sell or perform any asbestos removal/abatement that is not subcontracted out? Yes    No
16. Does the insured manufacture any firefighting equipment, breathing apparatus, or lifesaving products? Yes    No
- A. If **yes**, please explain.



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- |  |     |    |
|--|-----|----|
| 17. Does the insured ever perform operations in refineries or petrochemical plants?  | Yes | No |
| 18. Does the insured install alarm systems?  | Yes | No |
| A. If <b>yes</b> , please answer the following:  |     |    |
| i. Does the insured ever perform security or install security systems in assisted living homes or correctional facilities?   | Yes | No |
| ii. Does the insured ever perform any security for any alarm system installed?   | Yes | No |
| iii. Does the insured perform any monitoring of alarm systems that is not subcontracted out?                                 | Yes | No |
| 19. Does the insured hire subcontractors?  | Yes | No |
| A. If <b>yes</b> , please answer the questions below.  |     |    |
| B. If <b>no</b> , please skip to Question 20.  |     |    |
| i. Are certificates of insurance obtained/maintained from all subcontractors?  | Yes | No |
| ii. Are subcontractors required to carry insurance limits equal to or exceeding the insured's limit                          | Yes | No |
| iii. Are subcontractors required to sign a contract with hold harmless and indemnification language in favor of the insured? | Yes | No |
| iv. Are subcontractors required to name the insured as an additional insured on their liability policies?                    | Yes | No |
| v. Please describe the operations that are subcontracted (e.g. alarm monitoring, design work, trenching, etc.).              |     |    |
| vi. What is the estimated annual cost of subcontractors work for the upcoming policy period? \$                              |     |    |

### PREMISES

- |  |     |    |
|--|-----|----|
| 20. Do you store containers or cylinders on your premises?                     | Yes | No |
| A. How frequently are they inspected for damage, corrosion, or leaks?          |     |    |
| 21. Are visitors or clients prohibited from entering service or storage areas? | Yes | No |
| 22. Are the premises yards well lighted & fenced to prevent trespassing?       | Yes | No |

### BUSINESS OPERATIONS

23. Please check all of the options below that apply to the insured's operations and complete section(s):

Sprinkler Systems Contractor  
(Complete Section 2)

Restaurant/Special Systems Contractor  
(Complete Section 3)

Fire Extinguisher Systems Contractor  
(Complete Section 4)

Fire/Safety Equipment Dealers & Distributors  
(Complete Section 5)

Fire Alarm/Security Systems Installation Contractor  
(Complete Section 6)

Alarm System Dealers & Distributors  
(Complete Section 6)

- |  |     |    |
|--|-----|----|
| 24. Are at least 51% of operations related to the above stated operations? | Yes | No |
|--|-----|----|



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### Section 2

#### Sprinkler Contractor Information

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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?
  - At what pressure?
  - For how long?

Yes No

- Are all fitters trained on the various cure times for different size pipes? \_\_\_\_\_
- How long do you let a "cut-in" cure for pipes 1¼" \_\_\_\_\_, 1½" \_\_\_\_\_, and 2" \_\_\_\_\_ ?
  - Is the cure time adjusted for:
    - Temperature? Yes No
    - Humidity? Yes No
    - Angle cut of pipe? Yes No

Yes 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

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 \_\_\_\_\_ %

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

1. Industrial \_\_\_\_\_ %
2. Commercial \_\_\_\_\_ %
3. Condo \_\_\_\_\_ %
4. Tract Homes \_\_\_\_\_ %
5. Single Family/  
Custom Homes \_\_\_\_\_ %

What percent of your operations are performed in building 5 stories or higher?

\_\_\_\_\_ %

Please check if N/A



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### **Section 3**

#### **Restaurant / Special Systems Information**

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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? \_\_\_\_\_

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

### **Section 4**

#### **Fire Extinguisher Systems Contractor**

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##### **Description of Operations**

Please provide a brief description of operations:

What % of your business is onsite testing and refilling? \_\_\_\_\_

### **Section 5**

#### **Fire/Safety Equipment Dealers & Distributors**

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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:

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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 No

For 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 No

### **Section 6**

#### **Alarm Information**

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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? Yes No

If Yes, for how many years?

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? Yes No



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**Please complete if umbrella is needed.**

**LOSS HISTORY:**

- |  |     |    |
|--|-----|----|
| 25. Any umbrella losses in the past 10 years?                                  | Yes | No |
| 26. Any losses exceeding \$250,000 of underlying policies in the past 5 years? | Yes | No |

**AUTO INFORMATION:**

- |   |     |    |
|---|-----|----|
| 27. Do you have written company guidelines for vehicle use?   | Yes | No |
| 28. Is personal use of company vehicles allowed?  | Yes | No |
| 29. Does insured have a distracted driving policy (no texting while driving and/or hands free calling)?     | Yes | No |
| 30. Are employees who are allowed to drive company vehicles required to acknowledge all company guidelines? | Yes | No |
| 31. Does the insured check MVRs of employees that are allowed to drive company vehicles?                    | Yes | No |

A. If **Yes**, please advise when:

At hiring                      times per year

- |  |     |    |
|--|-----|----|
| 32. Are employee family members allowed to drive company cars? | Yes | No |
| 33. Indicate the type and number of company vehicles below:    |     |    |

Type	Count
PPT	
Light Trucks (less than 10,000 lbs)	
Medium Trucks (10,001-20,000 lbs)	
Heavy Trucks (20,001-45,000 lbs)	
X-Heavy Trucks (45,001 lbs+)	
Heavy Truck-Tractors	

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### Attachments and Representation

ATTACHMENTS TO THIS APPLICATION SHOULD INCLUDE THE FOLLOWING:

- Complete ACORD forms (125, 126, 131 applications)
- 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 (Table of Contents or Index Page)
- Copy of Subcontract Agreement Including \$1,000,000 Minimum Limit/Hold Harmless Clauses and Indemnification Language

### Fraud Warnings Disclosure

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, PR, RI, TN, TX, VA, VT, WA, and WV.)

**In Arkansas, Louisiana, Rhode Island, or West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**In Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

**In Colorado:** 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.

**In 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.

**In Florida:** 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.

**In Kansas:** 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 an insurer, purported insurer, or to or by a 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 and may be subject to criminal and/or civil fines or penalties.

**In Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other 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.

**In Maine, Tennessee, Virginia, or Washington:** 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 or a denial of insurance benefits.



In **Maryland**: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

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

In **New Mexico**: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

In **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 stated value of the claim for each such violation.

In **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.

In **Oklahoma**: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

In **Oregon**: Any person who knowingly and with intent to defraud any insurer or other person files an application for insurance or statement of claim containing any materially false information upon which an insurer relies, if such information was either material to the risk assumed by the insurer or the misinformation was provided fraudulently, may commit a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In **Pennsylvania**: 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.

In **Puerto Rico**: Any person who has committed fraud, as defined in the law, shall incur a felony, and if convicted, shall be sanctioned for each violation by a penalty of a fine of not less than five thousand dollars (\$5,000), nor more than ten thousand dollars (\$10,000), or a penalty of imprisonment for a fixed term of three (3) years, or both penalties. If there were aggravating circumstances, the fixed penalty thus established may be increased up to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years. In addition to the penalties provided in this chapter, any person who, as a result of the fraud thus committed is benefited in any way to obtain insurance, or in the payment of a loss pursuant to an insurance contract, shall be imposed the payment of restitution of the amount of money resulting from the fraud. Every violation shall have a prescription term of (5) five years.

In **Texas**: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

In **Vermont**: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

In **Vermont**: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

#### **ALL STATES EXCEPT MARYLAND:**

The undersigned, on behalf of all Insureds, acknowledges that discovery of any fraud, intentional concealment, or misrepresentation of any material fact may render this policy, if issued, voidable at inception or otherwise canceled.

#### **MARYLAND:**

The undersigned, on behalf of all Insureds, acknowledges that discovery of any fraud, intentional concealment, or misrepresentation of any material fact will be grounds for denial of a claim or cancellation of the policy.

**THIS APPLICATION MAY NOT BE USED TO BIND COVERAGES AND NO COVERAGE COMMENCES.**

Completion of this application by a prospective insurance buyer is for the purpose of transmitting information only. Any agreement or contract binding insurance coverage must be done on a separate document. **COVERAGE WILL COMMENCE** only upon the effective date of a separate contract binding insurance coverage (i.e. a policy or official binder form) issued by an agent authorized by the Company. The applicant hereby agrees that the foregoing statements and answers are a true representation of all the facts and circumstances with regard to the risk to be insured to the best of the applicant's knowledge and the same are therefore made the basis of any policy of insurance issued.

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Producer's Signature

Date

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Applicant's Signature

Date

**DEFINITIONS**

**Asbestos:** Asbestos is present in many forms in the roofing industry. It is commonly referred to as ACRM or "asbestos containing roofing material" which is defined as material containing 1% or more of asbestos. It can be present in cements, coatings, sealants, mastics, flashing material, felts, shingles and tiles. Based on the variety of materials containing asbestos in the roofing industry, we view the asbestos exposure as inherent to roofing operations.

**Asbestos Abatement:** Roofing contractors who come in contact with asbestos while performing the normal activities of their trade, whether it is roof tear-off work, renovations, new installations or maintenance work, and operating exclusively on the outside of buildings, are eligible for this program. Once an activity requires work on the inside of a building, below the roof deck, the removal of any ACRM becomes true "abatement" work and is not eligible for this program.

**General Contractor:** A contractor who subcontracts work to others in excess of 50% of total receipts, exercises primary control of the job site, and is named in the construction documents as the general contractor of record.

**Habitational work:** Condominiums, triplexes, duplexes and townhouses.

**Prime Contractor:** The principal contractor on a project; any contractor on a project having a contract directly with the owner.

**Subsidence:** Any movement of land or earth including: landslides; mudflow; earth sinking, rising, and shifting; collapse or movement of fill, earth settling, slipping, falling away, caving in, eroding or tilting; and earthquake.

**Torch Applied Roofing:** This process, which is also called torch welding, involves a modified bitumen installed on a roofing deck by means of a torch. A membrane is laid on the roof, heated by a torch, and allowed to cool so that the material solidifies in place. The asphalt component in the membrane serves as an adhesive between the surface material and roof substrate.

**Wrap-up (OCIP):** A policy providing coverage(s) for all interests in a major construction project. Also known as an OCIP (Owner Controlled Insurance Program) or a CCIP (Contractor Controlled Insurance Program).