



## FIRE SPRINKLER CONTRACTORS APPLICATION SUPPLEMENT

1. Proposed First Named Insured & Other Named Insured(s):

2. Mailing Address                      Street                      City                      County                      State                      ZIP Code

3. Location Address                      Street                      City                      County                      State                      ZIP Code

4. Company Name:

5. Email Address:

6. For inspection purposes:	Contact Name:
	Phone Number:

7. Website Address:

8. Policy Period Desired: From: \_\_\_\_\_ To: \_\_\_\_\_

9. Years in Business: \_\_\_\_\_ Years Experience: \_\_\_\_\_

10. Type of Entity:     Individual         Partnership         Corporation         Joint Venture         LLC  
 Other (specify): \_\_\_\_\_

11. State Sprinkler License #: \_\_\_\_\_  State License Not Required

**PREVIOUS INSURER & LOSS HISTORY – Attach separate sheet if necessary**         See Loss Runs Attached

Missouri Applicants: **DO NOT** answer this question.

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?

No     Yes - If Yes, give name of company, date, and reason:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the past 3 years:

Year	Carrier	Policy Number	Premium	Coverage	Losses/ \$ Amount	Description of Loss

### DESCRIPTION OF OPERATION

1. Using annual gross receipts, estimate the income obtained from the following categories:

Operations	Client Base	Systems
New Installation                      %	Commercial                      %	Wet Systems                      %
Retrofit (vacant)                      %	Institutional                      %	Dry Systems                      %
Retrofit (occupied)                      %	Apartments                      %	Special Hazards                      %
Design                      %	Single Family                      %	Alarms                      %
Service/Repair                      %	Condos/Tract Housing                      %	Extinguishers                      %
Inspection                      %	Condos-Commercial                      %	Other:                      %
<b>Total    100%</b>	<b>Total    100%</b>	<b>Total    100%</b>

a. Service, Repair and Inspection: How much was originally completed by:

Applicant:                      %	Others:                      %	(100% total)
-----------------------------------	--------------------------------	--------------

b. Jobs including Fire Pumps:                      %

Special Hazards:                      %	Foam:                      %	Gas/Chemical:                      %	Other:                      %
---	------------------------------	--------------------------------------	-------------------------------

If gas/chemical work is done, describe systems installed:

Yes No

c. Do you install, inspect, service or repair kitchen "ansul" type systems or other fixed fire extinguisher systems designed for use over cooking surfaces? If yes, %

d. Do you conduct any hood and duct cleaning? If yes, %

e. Are you involved (past, present or intended future) in new construction or remodeling of more than 14 single family houses in the same tract or residential subdivision; or multi-family housing, residential condominium, residential apartment, or assisted living facility of more than 14 residential units?

2. Do you use any subcontractors? If yes, indicate subcontracted work:

Design	\$	Electrical	\$
Underground	\$	Chemical Systems	\$
Fabrication	\$	Other	\$
			TOTAL \$

Limits of Liability required for the subcontractor: \$

3. a. Sample of current jobs:

b. List 6 jobs completed within the last year:

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)

4. Have any of your jobs been in chemical plants, refineries, nuclear power plants or similar hazardous occupancies?  Yes  No If yes, attach a list of all jobs done, year, name and occupancy, contract cost, system installed, type of chemicals, total square foot area of plan, who drew up specifications for system, who did layout and what areas of the plant were done.

5. Do you operate under different company names?  Yes  No If yes, complete the following:

Name	Percent Owned	Operations	Receipts %

6. Indicate the receipts and FIRE SUPPRESSION payrolls for the following:

	Last 12 Months	Year Prior	2 Years Prior
Est. Annual Receipts \$	\$	\$	\$
Fire Suppression Payroll \$	\$	\$	\$
Other Field Payroll \$	\$	\$	\$
Designer/Engineers Payroll \$	\$	\$	\$

**DESIGN AND/OR SHOP DRAWINGS**

1. a. Are shop drawings for sprinkler systems prepared by you?  Yes  No

b. Percent of all design done in-house? %

c. Describe how drawings are checked for compliance with the engineering specifications and the local building and life safety codes.

2. Design work done by NICET or Experienced Designers (not Professional Engineers):

a. List the name(s) of individual(s) on your staff who design and/or modify plans and indicate their qualifications.

Name	NICET Level	Years Design Experience

- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 3. Design work done by Professional Engineer (PE) on staff:  |                          |                          |
| a. Is there a licensed and/or registered PE on staff?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, does the PE do any stamping or sealing?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does the PE stamp and seal plans for outside firms?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Number of licensed PEs currently employed:  |                          |                          |
| Name(s):   |                          |                          |
| d. Does your firm or the individual PE on your staff carry separate professional liability coverage? Limit carried: \$ | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Does the PE do any engineering work on your behalf for projects where you have no construction activities?          | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain:   |                          |                          |
| f. Does the PE do any non-fire sprinkler engineering work?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain:   |                          |                          |
| 4. Are outside firms subcontracted by you for the design/engineering work?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, %  |                          |                          |
| a. Are certificates of Professional Liability required from this design subcontractor?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Limits: \$   |                          |                          |
| b. Are NICET Level III or IV Certified employees used? Level:  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does outside firm have a PE on staff?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. a. Changes to drawings/specifications approved by:  |                          |                          |
| b. Does your management (job foreman) approve any changes to drawings/specifications?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, describe changes in design the foreman is permitted to make:   |                          |                          |

---

### INSTALLATION PRACTICES

---

1. Describe exactly the procedures when a system has to be shut down overnight or when a system impairment is found.  
\_\_\_\_\_
  2. Indicate who walks the final pipe installation prior to testing or activation:  
\_\_\_\_\_
  3. Describe how the field supervisor assures quality (checklists, daily visits, etc.):  
\_\_\_\_\_
  4. Indicate who at your firm verifies, at completion of the job, that all work complies with NFPA Standards and local codes:  
\_\_\_\_\_
  5. How is the system checked for tightness before final pressure test:    Blow Back    Air Pressure  
 Water Pressure    Other Methods:  
\_\_\_\_\_
  6. If retrofit or service work is done, complete the following:
    - a. Measures used to protect the contents in occupied buildings:  
\_\_\_\_\_
    - b. Indicate how you protect their workers from exposure to asbestos:  
\_\_\_\_\_
    - c. Do job proposals include an asbestos clause, allowing for removal of asbestos prior to work completion?  
 Yes    No  
\_\_\_\_\_
  7.
    - a. Approximate percent of jobs using CPVC pipe: \_\_\_\_\_ %
    - b. Are all your fitters trained on the various cure times for different size pipes?    Yes    No
    - c. How long do you let a "cut-in" cure for pipes:   | 1 ¼:                   | 1 ½:                   | 2:
    - d. Is this cure time adjusted for any of the following:
      - 1) Temperature                    Yes    No
      - 2) Humidity                        Yes    No
      - 3) Angle cut of pipe            Yes    No
-

8. Underground work for your installation jobs:	Owner contracts for this:	%
You subcontract out: %	Your employees do the excavation:	%

**GENERAL BUSINESS PRACTICES**

1. a. Are detailed records kept on all jobs?  Yes  No  
 Check the following if records include:  Dates  Type of Work Performed  Materials Used  
 Plans and Test Certificates  When the System is Activated
- b. Describe procedure and documentation for turning the system over to the building owner, including instructions for system operation.

c. Describe how distribution of NFPA 25 to building owners is documented:

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| d. Do you use the NFPA 13 2002 Version of the above and underground test certificates?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. a. Length of time records are retained:  |                          |                          |
| If less than 10 years, are you willing to extend to 10 years?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are duplicate records kept at another location?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do you use electronic field inspection systems?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently involved in any wrap-up programs (owner-controlled [OCIP] or contractor-controlled insurance programs [CCIP])? | <input type="checkbox"/> | <input type="checkbox"/> |

4. Indicate type of training programs required:

<b>Office Personnel</b>	
<b>Designers</b>	
<b>Sales</b>	
<b>Field</b>	

5. Do employees participate in any professional organizations:  
 NFPA  SFPE  NFSA  AFSA  Other:
6. Do you have any current contracts in effect that hold another party harmless for their negligent acts?  
 Yes  No If yes, describe:

**ALARMS – Complete only when Alarm work is done by you**

1. Type of alarm(s) serviced, repaired, installed or sold: (Check all that apply.)  
 Fire Alarms  Smoke Alarms  Medical Alert  
 Sprinkler Alarms  Burglar Alarms  Other:
- |                       |                    |                |           |
|-----------------------|--------------------|----------------|-----------|
| 2. Alarm systems are: | Central Station: % | Local: %       | Direct: % |
| 3. Clients are:       | Commercial: %      | Residential: % |           |
4. Do you: Monitor any systems?  Yes  No  
 Manufacture any systems?  Yes  No
5. Do you have a contract with any monitoring company?  Yes  No  
**If yes, provide a copy of the contract (REQUIRED).**
6. **If work is done on fire alarms, provide a copy of the contract between you and each client.**

---

**FRAUD STATEMENTS**

---

**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.

**LOUISIANA and MAINE:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

---

**IMPORTANT NOTICE****DECLARATION**

---

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

---

**SIGNATURES**

Applicant Signature	Title	Date
Producer Signature		Date

---

Producer Name and Address

---