

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

Location Address Street City County State ZIP Code

State Sprinkler License #: ☐ State License Not Required

BUSINESS INFORMATION

1. Website:

2. Do you conduct business under any other Names? ☐ Yes ☐ No If Yes, complete the following:

Name	Percent Owned	Operations	Receipts %

3. Do you have any other locations? ☐ Yes ☐ No If yes, list location addresses:

4.

Business Owner(s)	Percentage(s) of Ownership
	%
	%

5. Number of years in business under the above name:

6.

Experience detail:	Total # of Years	Describe Prior Experience
Owner		
Manager		

7. Has the Applicant/Owner operated under any other name within the last ten (10) years or does the Applicant/Owner currently own any other entities and/or operate any other businesses? ☐ Yes ☐ No If Yes:

a. Name:

b. Describe operations:

c. Is the entity/business still active? ☐ Yes ☐ No

If still active, is there separate General Liability insurance in place for their operations? ☐ Yes ☐ No

8.

Total # of Employees:	Total # of F/T Employees:	Total # of P/T Employees:
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SUBCONTRACTORS

Do you use Subcontractors? ☐ Yes ☐ No If Yes:

1. Percentage of your total operations subcontracted to others: %

2. Annual subcontracted costs: \$

3. Type of work subcontracted to others:

	Yes	No
4. Do you obtain Certificates of Insurance from each subcontractor evidencing General Liability and Workers Compensation Limits equal to, or greater than, your own General Liability and Workers Compensation Limits?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you require all subcontractors to add you onto their General Liability policy as an Additional Insured?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you require all subcontractors to contractually hold you harmless?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are all Certificates of Insurance kept on file for a minimum of 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you obtain proof, from each subcontractor, that all applicable licenses are up-to-date?	<input type="checkbox"/>	<input type="checkbox"/>

DESCRIPTION OF OPERATION

1. a. 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	%	Chemical Systems	%
Design	%	Single Family	%	Alarms	%
Service/Repair	%	Condos/Tract Housing	%	Extinguishers	%
Inspection	%	Condos-Commercial	%	Special Hazards/Other	%
Total 100%		Total 100%		Total 100%	

- b. How much was completed by:

Applicant: % Others: % (100% total)

- c. Indicate amount of work done by you or a subcontractor:

	You	Subcontractor		You	Subcontractor
Design	\$	\$	Electrical	\$	\$
Underground	\$	\$	Plumbing	\$	\$
Fabrication	\$	\$	Other	\$	\$

- d. Limits of Liability required for the subcontractor: \$

2. a. Jobs including Fire Pumps: %

b. 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?

☐ ☐

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 plan were done.

5. 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	\$	\$	\$	\$

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:
- d. Do you use the NFPA 13 2002 Version of the above and underground test certificates? Yes ☐ No ☐
2. a. Length of time records are retained: _____
If less than 10 years, are you willing to extend to 10 years? Yes ☐ No ☐
- b. Are duplicate records kept at another location? Yes ☐ No ☐
- c. Do you use electronic field inspection systems? Yes ☐ No ☐
3. Are you currently involved in any wrap-up programs (owner-controlled [OCIP] or contractor-controlled insurance programs [CCIP])? Yes ☐ No ☐
4. Indicate type of training programs required:
- | | |
|------------------|--|
| Office Personnel | |
| Designers | |
| Sales | |
| Field | |
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: _____

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 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 |
|------|-------------|-------------------------|
| | | |
| | | |
| | | |
3. Design work done by Professional Engineer (PE) on staff: Yes ☐ No ☐
- a. Is there a licensed and/or registered PE on staff? Yes ☐ No ☐
If yes, does the PE do any stamping or sealing? Yes ☐ No ☐
- b. Does the PE stamp and seal plans for outside firms? Yes ☐ No ☐
- 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: \$ Yes ☐ No ☐

	Yes	No
e. Does the PE do any engineering work on your behalf for projects where you have no construction activities? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Does the PE do any non-fire sprinkler engineering work? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Are outside firms subcontracted by you for the design/engineering work? If yes, _____ %	<input type="checkbox"/>	<input type="checkbox"/>
a. Are certificates of Professional Liability required from this design subcontractor? Limits: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
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? If yes, describe changes in design the foreman is permitted to make: _____	<input type="checkbox"/>	<input type="checkbox"/>

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.

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

CPVC WORK

1. Approximate percent of jobs using CPVC pipe: _____ %
2. Years' experience installing CPVC piping: _____
3. Percentage of CPVC work: New: _____ % Retrofit/Repair: _____ %
4. List brands of CPVC piping used: _____
5. List brands of solvent-cement used: _____
6. Are all tools used specifically designed for use with plastic pipe and fittings? ☐ Yes ☐ No
7. Cure times for pipe sizes:

3/4"		1 1/4" & 1 1/2"		2 1/2" & 3"	
1"		2"			
8. Are cure times 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

9. Type of testing performed on new CPVC Systems:

☐ Water Only ☐ Air Only ☐ Air and Water

10. CPVC Systems are pressure tested at: _____ PSI

11. Have you ever used CPVC Pipe manufactured by VICTAULIC? ☐ Yes ☐ No If Yes:

a. How long have you used it? _____

b. Do you currently use it? ☐ Yes ☐ No

12. Have you experienced any claims or occurrences for any work involving fire suppression systems which utilize CPVC? ☐ Yes ☐ No

13. **CPVC Work - Annual Volume Per Occupancy (Revenue \$ or Percentage %)** **TOTAL**

Institutional CPVC (schools, hotels, hospitals)	+	Commercial CPVC (offices, mercantile)	+	Residential CPVC (apartments, houses)	=	CPVC Sales/Revenue (Past Year)
\$		\$		\$		\$

CPVC TRAINING AND CERTIFICATION

	Yes	No
1. Are fitters trained and certified in CPVC work?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are records on file of employee CPVC training and certificates?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are only trained/certified fitters permitted to install CPVC?	<input type="checkbox"/>	<input type="checkbox"/>
4. Name of Training Program/Certification: _____		
5. Number of trained and certified CPVC fitters: _____		

STATEMENT OF CPVC WORK

THE COMPANY NAMED ON PAGE 1 OF THIS SUPPLEMENT HEREBY AGREES TO ADHERE TO ALL MANUFACTURER'S RECOMMENDED CURE TIMES FOR ALL JOBS AND WORK INVOLVING THE USE OF CPVC PIPING.

Insured's Signature: _____

Date: _____

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.**

PRIOR GENERAL LIABILITY INSURANCE

1. Provide Insurance Company Names and your Payroll, Limits, Deductibles and Premiums for the last 5 years:

Year	General Liability Insurance Company Name	Total Annual Payroll	General Liability Limits	General Liability Deductible	General Liability Premium
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

2. In the last 5 years, has your General Liability insurance been Declined, Cancelled or Non-renewed?

☐ Yes ☐ No

If Yes, explain:

GENERAL LIABILITY CLAIMS HISTORY

Provide details of the last 5 years - if none, state "none".

Date of Loss	Description of Loss	Open/Closed?	Total Incurred
			\$
			\$
			\$
			\$
			\$
			\$

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