



Fire Suppression + Extinguisher Installation, Service or Repair Application

General Info (Complete For All Lines)

1. Name _____
(Complete name as it should appear on the policy including Inc., Corp., Ltd., Etc.)

2. Physical Address _____
No. Street City County State Zip Code

3. Please make certain additional locations are on ACORD forms.

4. Inspection Contact _____ Phone () _____
Audit Contact _____ Phone () _____
Claims Contact _____ Phone () _____

5. Telephone () _____ Fax () _____

6. Website _____ FEIN _____

7. Date established _____ License No. _____ Sole Proprietor Partnership
 Corporation Other

8. Policy proposed effective date _____ to _____

9. Current coverage expires/expired on _____

10. Check limit of liability desired: \$300,000 \$500,000 \$1,000,000 Other _____

11. Deductible: \$1,000 \$2,500 \$5,000 Other _____

12. Operations	Field Payroll	Sales (Current Year)
Automatic sprinkler installation, service, and/or repair	\$ _____	\$ _____
Dry Chemical / Halon	\$ _____	\$ _____
Fire extinguisher servicing, refilling and/or testing	\$ _____	\$ _____
Grease cleaning	\$ _____	\$ _____
Alarm installation*	\$ _____	\$ _____
Alarm monitoring*	\$ _____	\$ _____
Design	\$ _____	\$ _____
Clerical	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Retail sales of equipment (describe) _____	\$ _____	\$ _____

*Please complete the first two pages of the Alarm Supplemental Application which can be found on our website, www.allrisks.com- Forms & Apps, National Programs.

13. Does the applicant use any subcontractors Yes No
 a. If yes, please indicate annual cost \$ _____
 b. And, what kind of work is subcontracted _____

 c. Does the applicant obtain Certificates of Insurance? Yes No
 d. Is the applicant added as an additional insured by their subcontractors? Yes No
 e. Does the applicant verify all sub-contractors carry equal or greater limits of insurance and verify they are provided hold harmless status? Yes No

14. Indicate percentage of:

OPERATIONS:		CLIENT BASE:	
New Installations	_____ %	Commercial	_____ %
Buildings < 20 stories	_____ %	Institutional	_____ %
Buildings > 20 stories	_____ %	Industrial	_____ %
Retrofit/Renovations -		Apartments	_____ %
Occupied	_____ %	Single Family	_____ %
Unoccupied	_____ %	Condos	_____ %
Vacant	_____ %	Tract Housing	_____ %
Design	_____ %	Custom Homes	_____ %
Service/Repair	_____ %	Hospitals	_____ %
Inspection/Testing	_____ %	Penal Institutions	_____ %
	100%	Theaters > 100 seating	_____ %
			100%

15. Indicate Annual Volume Per Construction:
- | | |
|---------------------------------|----------|
| Contract – New Construction | \$ _____ |
| Contract – Retrofit/Renovations | \$ _____ |
| Service/Repair | \$ _____ |
| Inspections & Testing | \$ _____ |
| Total Sales/ Revenue | \$ _____ |

16. Does the applicant install/service and/or repair fire suppression systems aboard aircrafts, automobiles, mobile equipment, boats and yachts? Yes No
 If yes, please describe _____

17. Does the applicant fill any type of oxygen tanks? Yes No

18. Does the applicant design sprinkler systems or extinguisher systems Yes No
 a. If yes, what qualifications do the designers have: _____ NICET III
 _____ PE (Professional Engineer)
 _____ Other (describe _____)
 b. And, does applicant provide design work for others? Yes No

19. Does the applicant do any retrofit and/or tenant improvement work? Yes No
 a. What percentage of retrofit and/or tenant improvement work is done on residential properties _____%.
 b. And, describe the type of retrofit work, occupancy, number of stories, reason for retrofit, etc.

- c. Does applicant do any retrofit work in buildings over 20 stories? Yes No
 If yes please describe in detail: _____

20. How does applicant protect their workers from exposure to asbestos? _____

21. Do the job proposals include an asbestos clause allowing for the removal of asbestos prior to work completion? Yes No

22. Does the applicant use PVC or CPVC piping? Yes No
 a. If yes, what percentage of their installations are PVC or CPVC? _____%
 b. Does the insured strictly adhere to the manufacturer's cure times? Yes No
 c. Is pressure testing completed according to the manufacturer's specifications? Yes No
 d. Are all installers properly certified by the applicable manufacturers? Yes No
 e. Are training or certifications renewed every 2 years? Yes No
 f. Is CPVC/PVC piping used in wet sprinkler systems only? Yes No
 g. Does the insured use CPVC piping and fittings that are in their original packaging? Yes No
 h. Where is the CPVC/PVC piping stored? _____
23. Does the applicant manufacture any fire protection equipment? Yes No
24. Does the applicant sell any type of protective clothing or life support equipment? Yes No
 If yes, please describe: _____
25. Does the applicant do any trenching work? Yes No
26. Does the applicant subcontract trenching to another company? Yes No
27. Describe applicant's training program for technicians and/or service personnel:

28. Describe screening procedures for prospective employees: _____

29. Does the applicant maintain workers compensation coverage with limits equal or greater to \$100,000/\$500,000/\$100,000. Yes No
30. Is the applicant a member of any professional associations? Yes No
 If yes, please describe: _____

Quality and Safety Controls

1. Are shop drawings for sprinkler system installations prepared by the applicant? Yes No
 If yes, describe how such drawings are checked for compliance with the specifications of the system:

2. Is there a procedure when a system impairment is found or created? Yes No
 If yes, please explain: _____

3. How does the field supervisor assure quality? (such as checklists, daily visits)

4. Are records maintained on all service, repair, and/or testing performed? Yes No
 a. If yes, are inspections and test certificates documented in the permanent job file? Yes No
 b. How long are records retained? _____
5. Who at the applicant's firm verifies at job completion that all work complies with NFPA standards?

6. What specific warranties do you give on an outright sale? _____

7. Total Number of:

	Full Time	Part Time
Employees		
Field Employees		

Additional Coverages

CHECK ALL THAT APPLY

Additional Insureds _____ Individual _____ Blanket
 Waiver of Subrogation _____ Individual _____ Blanket
 Primary Wording _____ Individual _____ Blanket
 Per Project Aggregate _____ Employee Benefits Liability _____
 Stop Gap _____ Hired/Non-owned Auto _____

Current General Liability Information

1. Please provide name of carriers, premiums paid, limits, sales, deductibles, and loss runs for the past 5 years.

	YR - _____	YR - _____	YR - _____	YR - _____	YR - _____
Carrier					
Premium					
Payroll					
Ded/SIR					
Losses					

2. Has any company canceled or declined to renew in the past 5 years? Yes No
 If yes, please explain: _____

3. Has the Applicant ever had a lapse in coverage? Yes No
 If yes, please explain: _____

Claim Information

1. Make sure to attach 5 years of currently valued loss runs. (Valued no more than 3 months from date of application.)

2. Does Applicant require staff to report all unusual incidents and are all incident reports reviewed by Management? Yes No

3. Does Applicant have any knowledge concerning any incidents that have occurred prior to the date of this application that may give rise to a future claim? Yes No

WORKERS' COMPENSATION

Information Required with Submission: (Please attach)

1. ACORD Workers' Compensation application
2. Financials for accounts over \$100,000
3. Insurance Carrier Premium and Loss statements which are currently valued (5 years required).
4. Drivers schedule: Names, Dates of Birth & Driver's License Number required.
5. Experience Mod. Worksheet
6. Risk Identification Number for the NCCI or Appropriate State Rating Bureau or State Fund:

1. Annual employee turnover rate _____%

2. Is the current coverage now in Assigned Risk, State Fund or Voluntary Market? Yes No

3. Has any insurance carrier canceled or refused to renew within the past 3 years? Yes No
If yes, please explain _____

4. Do you report all WC claims, regardless of payment having been made on the claim? Yes No
If no, please explain: _____

5. Employee Benefits Program: Group Medical 401K Other _____

Describe your Employee Benefits Program:

6. Do you have a transitional duty (light duty) program? Yes No
If yes, describe: _____

7. Who is responsible for safety? _____

8. Do you have a formal safety committee? Yes No
If yes, how frequently does it meet and who attends? _____

9. Do you have a medical or physicians network in place for worker's comp. claims? Yes No
If yes, describe in detail: _____

10. Auto/Fleet Exposures (Complete if auto is not submitted with the workers' compensation.)

a. Number of Drivers: _____

b. Number of and types of vehicles: _____

c. How are vehicles used? _____

d. What time of the day are vehicles used? _____

e. Who is allowed to drive vehicles? _____

f. How often are MVR's pulled on all drivers? _____

g. Describe MVR policy as it relates to vehicle usage: _____

h. Are vehicles taken home? Yes No

If yes, what limitations are in place for personal use? _____

i. Is there a maintenance program? Yes No

WAIVER SUBROGATION – Provide the names, addresses & class codes/payroll of all contracts requiring a waiver of subrogation.

Crime/Employee Dishonesty Questionnaire

(Please complete only if desired.)

1. Do you have an audited financial statement prepared annually? Yes No

2. Are internal financial statements prepared? Yes No

If yes, how often are they reviewed by the owner? _____

3. Describe your "Separation of Duties" and "Countersignature" procedures: _____

4. Indicate the number of employees who handle, have custody or maintain records of money, securities or other property: _____

5. Are officer-shareholders active in the day to day oversight of business operations? Yes No

6. Do employees who reconcile the bank statement also:
Make deposits? Yes No Make withdrawals? Yes No Sign Checks? Yes No

7. Is countersignature of checks required? Yes No
If yes, what is the dual signing limit? _____

8. Is segregation of duties practiced in the following areas:
Inventory management? Yes No Wire transfer receipts and payments? Yes No
Purchase order approval and payment? Yes No Vendor approval? Yes No
Oversight of blank check stock? Yes No Payroll? Yes No
Retail checks and Credit Card receipts? Yes No Cash receipts? Yes No

9. Are all incoming checks stamped "for deposit only" immediately upon receipt? Yes No

10. Are inventory records computerized? Yes No
Is a physical count of inventory conducted at least annually? Yes No

11. Are the duties of computer programmers and operators separated? Yes No

12. Are computer passwords changed frequently? Yes No

13. For new employees, do you perform any of the following types of background checks:
Prior employment? Yes No Education? Yes No Criminal history? Yes No
Drug testing? Yes No Credit history? Yes No

14. Are the controls indicated in 5-13 above imposed at all locations? Yes No
If no, please explain exceptions.

15. List all Crime/Fidelity Losses in the last three years:

16. Please indicate the coverages, limits, and deductibles desired:

- \$25,000 limit, \$1,000 deductible
- \$50,000 limit, \$1,500 deductible
- \$75,000 limit, \$2,500 deductible
- \$100,000 limit, \$5,000 deductible
- Other _____

17. List any qualified benefit plans

18. Are you interested in Fiduciary Liability Coverage? Yes No
If yes, please attach Form 5500's for each plan to be covered.

19. Current Fidelity Carrier? _____ Premium? _____
Limits? _____ Deductible? _____