



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.*

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? _____
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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: _____
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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: _____

31. Does the applicant perform any work within the 5 Boroughs of New York? €Yes €No
 If yes, what percentage? _____
32. Does the applicant perform any work in Nevada? €Yes €No
 If yes, what percentage? _____

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 (other)		
Field Employees		
Total		

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

ALL RISKS, LTD.

NOTICE TO APPLICANTS: THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLELY ON THE INFORMATION PROVIDED, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME BY SIGNING THIS APPLICATION, THE SIGNOR WARRANTS THAT TO THEIR BEST KNOWLEDGE ALL INFORMATION GIVEN IS TRUE AND ACCURATE.

Name (type or print)	Signature	Date
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NOTICE TO PRODUCERS: THE PRODUCER HEREBY WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

Name (type or print)	Signature	Date	License #
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Optional Coverages
(please attach an ACORD application)

Property	Contractors Equipment	EDP
Business Auto	Workers' Compensation	Umbrella/Excess
Crime/Employee Dishonesty	Employment Related Practices	

Umbrella/Excess Questionnaire (Please complete only if desired) Explain all "Yes" responses.

- | | | |
|-------------------------------------------------------------------------------------------------------------|-----|----|
| 1. With the exception of leinholders, are any vehicles not solely owned by and registered to the applicant? | Yes | No |
| 2. Do over 50% of the employees use their autos in the business? | Yes | No |
| 3. Is there a vehicle maintenance program in operation? | Yes | No |
| 4. Are any vehicles leased to others? | Yes | No |
| 5. Are any vehicles customized, altered or have special equipment? | Yes | No |
| 6. Do operations involve transporting hazardous material? | Yes | No |
| 7. Any vehicles used by family members or non employees?
If so, please identify in remarks. | Yes | No |
| 8. Does the applicant obtain MVR verifications? | Yes | No |
| 9. Does the applicant have a specific driver recruiting method? | Yes | No |
| 10. Are any drivers not covered by Workers' Compensation? | Yes | No |
| 11. Any vehicles owned but not scheduled on this application? | 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 NCCL or Appropriate State Rating Bureau or State Fund:

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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 _____

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

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

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

7. Who is responsible for safety? _____

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

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

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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? _____