



### Fire Suppression & Extinguisher Installation, Service or Repair Renewal Application

**General Information**

1. Name: \_\_\_\_\_
2. Physical Address: \_\_\_\_\_  
   Street  City/County/State/Zip
3. Mailing Address: \_\_\_\_\_  
   Street  City/County/State/Zip
4. Insured Email Address: \_\_\_\_\_
5. Inspection Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
     Audit Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
     Claims Contact: \_\_\_\_\_ Phone: \_\_\_\_\_
6. Policy proposed effective date: \_\_\_\_\_ to: \_\_\_\_\_
7. Operations

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

\*Please complete the first two pages of the Alarm Supplemental Application which can be found on our website:  
<http://www.allrisks.com/how-can-we-help/applications/>

8. Does the applicant use any subcontractors?  Yes  No  
 If yes, please indicate annual cost? \$ \_\_\_\_\_  
     a. What kind of work is subcontracted: \_\_\_\_\_  
   \_\_\_\_\_  
     b. Does the applicant obtain Certificates of Insurance?  Yes  No  
     c. Is the applicant added as an additional insured by their subcontractors?  Yes  No  
     d. Does the applicant verify all sub-contractors carry equal or greater limits of insurance and verify they are provided hold harmless status?  Yes  No

9. Indicate percentage of:

Operations		Client Base	
New Installations	%	Commercial	%
Retrofit/Renovations:		Institutional	%
Occupied	%	Industrial	%
Unoccupied	%	Apartments	%
Vacant	%	Single Family	%
Design	%	Condos	%
Service/Repair	%	Tract Housing	%
Inspection/Testing	%	Custom Homes	%
<b>Total</b>	<b>100%</b>	Hospitals	%
		Penal Institutions	%
		Theaters >100 seating	%
		Restaurants	%
		<b>Total</b>	<b>100%</b>

10. 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? \_\_\_\_\_

11. Does the applicant perform any work within the 5 Boroughs of New York?  Yes  No  
 If yes, what percentage: \_\_\_\_\_ %

12. Total Number of Employees:

	Full-Time	Part-Time
Employees (other)		
Field Employees		
Total		

13. Is the insured performing any new or different operations since last year that are not reflected on this application?  Yes  No

If yes, please describe in detail: \_\_\_\_\_  
 \_\_\_\_\_

**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

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 Number

**OPTIONAL COVERAGES**

(please attach an ACORD application)

- Property
- Business Auto
- Crime/Employee Dishonesty

- Contractors Equipment
- Workers' Compensation
- Employment Related Practices

- EDP
- Umbrella/Excess

**Please complete below if requesting Auto, Umbrella, or Workers' Compensation coverage.**

- a. Are applicants' MVRs reviewed upon hire and annually thereafter?  Yes  No
- b. Are standards for acceptable drivers in place?  Yes  No
- c. Is an action plan in place if acceptability standards are not met?  Yes  No
- d. Are all drivers between 21 and 70 years old?  Yes  No
- e. If over 70, are medical certificates stating that he/she has no medical issues that would preclude him/her from driving, available?  Yes  No
- f. Does the insured have an acceptable Fleet Safety Program in place?  Yes  No
- g. Is a Vehicle Maintenance Program in place?  Yes  No
- h. Is personal usage of vehicles allowed?  Yes  No
- i. Does the insured have a written personal use policy in place?  Yes  No
- j. Is the original cost new of all vehicles less than \$75,000?  Yes  No

If you answered "No" to any of the above, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## UMBRELLA QUESTIONNAIRE

Please complete only if requesting umbrella coverage.

**\*\*ACORD Application & 5 Years of Auto Loss Runs required for Umbrella coverage.**

1. With the exception of lienholders, 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. Are any vehicles leased to others?  Yes  No
4. Are any vehicles customized, altered or have special equipment?  Yes  No
5. Do operations involve transporting hazardous material?  Yes  No
6. Are any vehicles used by family members or non-employees?  Yes  No
7. Does the applicant have a specific driver recruiting method?  Yes  No

If you answered "Yes" to any of the above questions, please explain:

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## WORKERS' COMPENSATION

Information Required with Submission (Please attach):

- ACORD Workers' Compensation Application
- 5 Years Currently Valued Loss Run Statements
- Experience Modification Worksheet
- Risk Identification Number for the NCCI or Appropriate State Rating Bureau or State Fund

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

2. Has any insurance carrier canceled or refused to renew within the past 3 years?  Yes  No

If yes, please explain: \_\_\_\_\_

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3. Employee Benefits Program:  Group Medical  401k  Other: \_\_\_\_\_

4. Do you have a transitional duty (light duty) program?  Yes  No

If yes, please describe: \_\_\_\_\_

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5. Who is responsible for safety? \_\_\_\_\_

6. Do you have a formal safety committee?  Yes  No

If yes, how frequently does it meet and who attends? \_\_\_\_\_

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## WC WAIVER OF SUBROGATION

- Blanket  Individual

Please provide the names, addresses & class codes/payroll of all contracts requiring an individual waiver of subrogation.

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