

COMPANY NAME:	EFFECTIVE DATE:
ADDRESS:	YEAR BUSINESS STARTED:
	MANAGEMENT EXPERIENCE IN INDUSTRY:
PHONE NUMBER:	FEDERAL ID#:
CONTACT NAME:	
TRADE ASSOCIATION MEMBERSHIPS / UNION AFFILIATIONS :	TOTAL NUMBER OF EMPLOYEES:

OPERATIONS

LIST TERRITORY OF OPERATION:

PROJECTED PAYROLL BY CLASSIFICATION			
SPRINKLER SYSTEMS:	OTHER FIRE SUPPRESSION SYSTEMS:	FIRE EXTINGUISHERS:	ALARM SYSTEMS:

PROJECTED SALES		
TOTAL GROSS SALES:	WRAP-UP (OCIP/CCIP) PROJECT SALES:	TOTAL SALES EXCLUDING WRAP-UP:

ANNUAL VOLUME PER CONSTRUCTION (REVENUE \$ OR PERCENTAGE %)					TOTAL			
NEW CONSTRUCTION	+	RETROFIT	+	SERVICE	+	INSPECTION AND TESTING	=	SALES / REVENUE (PAST YEAR)

ANNUAL VOLUME PER OCCUPANCY (REVENUE \$ OR PERCENTAGE %)					TOTAL			
INSTITUTIONAL <small>(school, hotel, hospital)</small>	+	COMMERCIAL <small>(offices, mercantile)</small>	+	RESIDENTIAL <small>(apartments, houses)</small>	+	MANUFACTURING	=	SALES / REVENUE (PAST YEAR)

ANNUAL SALES FOR SPECIAL SUPPRESSION SYSTEMS		
RESTAURANT / COOKING EXTINGUISHING SYSTEMS	CLEAN AGENT SYSTEMS	FIRE EXTINGUISHERS

WHAT PERCENTAGE OF YOUR SYSTEMS UTILIZE THE FOLLOWING TYPES OF PIPING?

STEEL _____ % CPVC _____ % COPPER _____ % OTHER _____ %

CPVC WORK

WHAT PERCENTAGE OF CPVC WORK IS: NEW _____ % RETROFIT / REPAIR _____ %

HOW LONG ARE CURE TIMES FOR PIPE SIZES: ¾" _____ 1" _____ 1 ¼" & 1 ½" _____ 2" _____ 2 ½" & 3" _____

ARE CURE TIMES ADJUSTED FOR: TEMPERATURE? YES NO HUMIDITY? YES NO

WHAT TYPE OF TESTING IS PERFORMED ON NEW CPVC SYSTEMS? WATER ONLY AIR ONLY AIR AND WATER

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CPVC TRAINING AND CERTIFICATION

ARE FITTERS TRAINED AND CERTIFIED IN CPVC WORK? YES NO

ARE RECORDS ON FILE OF EMPLOYEE CPVC TRAINING AND CERTIFICATES? YES NO

ONLY TRAINED / CERTIFIED FITTERS PERMITTED TO INSTALL CPVC? YES NO

NAME OF TRAINING PROGRAM / CERTIFICATION: _____

STATEMENT OF CPVC WORK

**THE COMPANY NAMED ON PAGE 1 OF THIS APPLICATION 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: _____

OTHER WORK

DO YOU INSTALL, SERVICE, OR REPAIR ALARM SYSTEMS? YES NO

DO YOU PROVIDE SPRINKLER ALARM MONITORING SERVICE TO CUSTOMERS? YES NO

IF YES, DO YOU:

PERFORM THE ACTUAL MONITORING SERVICE YES NO

SUBCONTRACT MONITORING TO AN OUTSIDE COMPANY YES NO

IF SUBCONTRACTED, PLEASE PROVIDE A COPY OF THE ALARM MONITORING AGREEMENT

DO YOU INSTALL, SERVICE, OR REPAIR RESTAURANT (COOKING) HOOD / EXTINGUISHING SYSTEMS? YES NO

DO YOU SERVICE, REFILL OR TEST FIRE EXTINGUISHERS? YES NO

DO YOU MANUFACTURE ANY FIRE PROTECTION DEVICES OR PRODUCTS? YES NO

IF YES, PLEASE LIST THE PRODUCTS MANUFACTURED: _____

DESCRIBE NON-FIRE PROTECTION WORK PERFORMED BY YOUR COMPANY (i.e. EXCAVATION, PLUMBING, HVAC, etc.): _____

SUBCONTRACTED WORK

WHAT DOLLAR VOLUME OF YOUR CONTRACTS ARE SUBCONTRACTED TO OTHER TRADES? \$ _____

LIST TRADES YOU SUBCONTRACT TO: _____

DO YOU REQUIRE ALL SUBCONTRACTORS TO PROVIDE CERTIFICATES OF INSURANCE? YES NO

DO YOU REQUIRE ALL SUBCONTRACTORS TO NAME YOU AS AN ADDITIONAL INSURED? YES NO

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QUALITY CONTROLS

ARE CHECKLISTS USED ON JOB SITES TO ASSURE THAT WORKMANSHIP AND SYSTEM TESTING ARE PERFORMED? YES NO

IF YES: DO CHECKLISTS USED ON-SITE BECOME PART OF THE PERMANENT JOB FILE? YES NO

HOW LONG ARE FILES FOR EACH JOB MAINTAINED: _____

IF NO, PLEASE EXPLAIN: _____

DURING ALL RETROFIT / REPAIR WORK:

ARE STEPS TAKEN AND DOCUMENTED TO PROTECT BUILDING, FLOORING, CEILINGS, FURNISHINGS AND OTHER PROPERTY? YES NO

DO YOU REQUIRE DOCUMENTED ACKNOWLEDGEMENT OF ACCEPTANCE OF OWNERS AFTER INSTALLATION? YES NO

DO YOU PROVIDE NOTIFICATION, IF PART OF, OR A WHOLE SPRINKLER SYSTEM MUST BE LEFT SHUT DOWN DURING THE DAY OR OVERNIGHT? YES NO

IS ANY RECORD KEPT OF SUCH NOTICES? YES NO

DO YOU REQUIRE TESTING OF ALL SYSTEMS, WHETHER NEW CONSTRUCTION, RETROFIT OR REPAIR, BEFORE FINAL SIGN-OFF? YES NO

IF NO, PLEASE EXPLAIN: _____

DO YOU REQUIRE WATER SUPPLY TEST TO ENSURE ADEQUATE SUPPLY FOR THE SYSTEM? YES NO

IF NO, PLEASE EXPLAIN: _____

AFTER ALL WORK IS COMPLETED, DO YOU PROVIDE THE CUSTOMER WITH A COPY OF NFPA 25 AND INFORM THEM OF THE SYSTEM MAINTENANCE REQUIREMENTS:

YES NO IF NO, PLEASE EXPLAIN: _____

IF YES, DO YOU HAVE THE CUSTOMER SIGN AN AGREEMENT ACKNOWLEDGING RECEIPT OF SYSTEM MAINTENANCE REQUIREMENTS? YES NO

IF NO, PLEASE EXPLAIN: _____

SAFETY TRAINING

DO YOU HAVE ONGOING SAFETY TRAINING REQUIREMENTS FOR EMPLOYEES? YES NO

IF YES, HOW OFTEN ARE SAFETY MEETINGS HELD: _____

PROFESSIONAL LIABILITY

DO YOU PROVIDE YOUR OWN SYSTEM DESIGN WORK? YES NO

IF YES: DO INDIVIDUALS PERFORMING DESIGN WORK HAVE A PROFESSIONAL ENGINEER (P.E.) DESIGNATION OR NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES (NICET) LEVEL III OR ABOVE? YES NO

IF NO, PLEASE EXPLAIN: _____

YEARS EXPERIENCE IN SPRINKLER SYSTEM DESIGN? _____

DO YOU PROVIDE DESIGN WORK FOR OTHERS? YES NO

IF YES, WHAT PERCENTAGE OF YOUR TOTAL DESIGN WORK IS DONE FOR OTHERS? _____

ARE ALL SYSTEMS DESIGNED IN ACCORDANCE WITH NFPA 13, NFPA 13-R AND NFPA 13-D SPECIFICATIONS? YES NO

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PROFESSIONAL LIABILITY – CONT'D

DO YOU CONFIRM AND KEEP RECORDS OF ADEQUATE WATER SUPPLY FOR ALL DESIGNED SYSTEM? YES NO

HAS THERE BEEN ANY PROFESSIONAL LIABILITY CLAIMS DUE TO SYSTEMS DESIGNED BY YOU? YES NO

IF YES, PLEASE EXPLAIN: _____

DO YOU SUBCONTRACT ANY DESIGN WORK TO OTHER OUTSIDE DESIGN / ENGINEERING FIRMS? YES NO

IF YES, WHAT PERCENTAGE OF DESIGN WORK IS SUBCONTRACTED TO OTHER FIRMS? _____

DO YOU REQUIRE ALL DESIGN FIRMS TO PROVIDE CERTIFICATES OF INSURANCE? YES NO

IF ANY DESIGN WORK IS DONE BY OTHERS, LIST ALL PARTIES WHO PROVIDE DESIGN SERVICES: _____

CONTRACTORS POLLUTION LIABILITY

1. DO YOU HAVE ANY PROJECTS INVOLVING ANY OF THE FOLLOWING SERVICES / ACTIVITIES?	N/A	CHECK ALL THAT APPLY:	
		<input type="checkbox"/> PROJECTS LOCATED ON CURRENT OR FORMER LANDFILLS <input type="checkbox"/> INSTALLATION OR REMOVAL OF UNDERGROUND OR ABOVE GROUND STORAGE TANKS <input type="checkbox"/> MOLD <input type="checkbox"/> LEAD	<input type="checkbox"/> EIF'S <input type="checkbox"/> ASBESTOS <input type="checkbox"/> PCB'S
2. HAVE THERE BEEN ANY POLLUTION CLAIMS OR ANY POLLUTION POLICY NONRENEWED DURING THE LAST FIVE (5) YEARS?	YES	NO	IF YES, DESCRIBE:
5. HAVE YOU DURING THE LAST FIVE (5) YEARS BEEN CITED AND/OR PROSECUTED FOR CONTRAVENTION OR VIOLATION OF ANY STANDARD OR LAW RELATING TO ANY RELEASE FROM YOUR PREMISES OF ANY SUBSTANCE INTO SEWERS, RIVERS, SEAS, AIR OR ONTO LAND?	YES	NO	IF YES, GIVE DETAILS:
6. ARE YOU CURRENTLY AWARE OF ANY CIRCUMSTANCES THAT MAY REASONABLY BE EXPECTED TO GIVE RISE TO A POLLUTION LIABILITY OR GENERAL LIABILITY CLAIM UNDER THIS POLICY?	YES	NO	IF YES, GIVE DETAILS:

LIMITED CYBER INSURANCE

DURING THE LAST THREE YEARS HAS YOUR ORGANIZATION SUFFERED A SECURITY BREACH REQUIRING CUSTOMER OR THIRD-PARTY NOTIFICATION ACCORDING TO STATE OR FEDERAL REGULATIONS? YES NO

IF YES, PLEASE DESCRIBE BOTH THE CAUSE OF THE SECURITY BREACH AND THE ECONOMIC LOSS TO YOUR ORGANIZATION

IF YES, HOW DID YOUR ORGANIZATION RESPOND TO THE SECURITY BREACH?

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FRAUD WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.

SIGNATURE

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Insured's Signature _____ **Date:** _____

Agent/Producer Signature _____ **Date:** _____

ADDITIONAL INFORMATION:

Attach FINANCIAL INFORMATION –

*** Provide a copy of the most recent FINANCIAL STATEMENTS for the company**

Attach JOB INFORMATION –

***Provide a PROJECT LIST including the 10 largest jobs within the past 3 years showing project location and contract amount**

Attach SUBCONTRACTOR AGREEMENT –

***If any work is performed by subcontractors, attach a copy of your agreement used with your subcontractors**