

Insurance Agent Information

Name of Agency: _____

Agent's Name: _____ Date proposal is needed: _____

Address: _____

Agency telephone: _____ Agency fax: _____

Agency e-mail address: _____

Are you the incumbent agent/agency on this account? Yes No

If yes, for how long? _____ Current Carrier: _____

General Information

Date of survey: ___/___/___

Insurance Renewal Date: ___/___/___

Legal Name of Insured: _____

Mailing Address: _____ County: _____

_____ FEIN: _____

Website Address: _____ Tax ID: _____

Contact for inspection: _____ Contact telephone: _____

Type of business (please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Sprinkler Systems Contractor | <input type="checkbox"/> Restaurant/Special Systems Contractor |
| <input type="checkbox"/> Fire Extinguisher Systems Contractor | <input type="checkbox"/> Alarm/Security Systems Contractor |
| <input type="checkbox"/> Fire/Safety Equipment Dealers & Distributors | <input type="checkbox"/> Alarm System Dealers & Distributors |
| <input type="checkbox"/> Fire Truck Manufacturers | <input type="checkbox"/> Emergency Apparatus Dealer |
| <input type="checkbox"/> Fire Equipment Manufacturers | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Search & Rescue Operations | |

General Information (continued)

The business is a (please check one):

- Corporation
- Partnership
- Joint Venture

- Limited Liability Company
- Sole Proprietorship
- Other

Years in operation: _____ (*Minimum Requirement: 3 Years in Operation*)

Years experience in industry (please provide details of experience): As an Owner>> _____ and As Manager>> _____

The past 10 years, did the insured operate under a different name? Yes No

If Yes, please explain: _____

States of Operation: _____

Please describe all duties of Executives/Officers (*do they have occasion to work out in the field?*):

Number of Employees: _____ Number of Executives/Officers/Owners: _____ Is there an employee union? Yes No

Does the insured currently carry Employers Liability Coverage? Yes No

If Yes, please indicate Carrier: _____ Policy No.: _____ Effective Date: _____

Does the insured have a formal written safety program in effect? Yes No

Please describe the level of experience or formal training programs in place for employees working in the field:

Please include a copy of all standard contract forms used by the insured, and a copy of the insured's standard fire protection system impairment notification form.

General Liability Coverage

Please indicate the CGL per occurrence limit desired: \$300,000 \$500,000 \$1,000,000

Please indicate the CGL PD deductible desired: \$1,000 \$2,500 \$5,000 Other: _____ (*\$1,000 minimum*)

Optional coverage:

Employee Benefits Liability Desired limit: \$ _____

Stop Gap Liability (only applicable in monopolistic states) Desired limit: \$ _____



Alarm Information

Please indicate the business sectors represented by the insured's customers and show the estimated percentage of the insured's overall receipts generated by each sector:

_____ % Apartments/Condominiums	_____ % Hotel/Motel
_____ % Hospitals/Health Care	_____ % Industrial/Manufacturing
_____ % Private Dwellings/Residential Applications	_____ % Restaurants/Food Service
_____ % Retail/Office	
_____ % Other (please describe): _____	

Does the insured inspect, test or certify alarm systems installed by others? Yes No

If Yes, what percentage of total receipts are generated from these services? Yes No

Does the insured sell medical alarm monitoring devices or provide medical alarm monitoring service? Yes No

Has the insured ever been involved in any industry product recalls? Yes No

If Yes, please describe: _____

Does the insured hire subcontractors? Yes No

If 'Yes, are certificates of insurance obtained/maintained from all subcontractors? Yes No

Does the insured require subcontractors to carry insurance limits equal to or exceeding the insured's limits? Yes No

Please describe how the insured makes sure that its subcontractors maintain their insurance:

Please describe the work performed by subcontractors and indicate the annual receipts for this work:

Installation receipts: \$ _____ Description: _____

Service/repair receipts: \$ _____ Description: _____

Does the insured hire subcontractors to perform asbestos removal or asbestos abatement? Yes No

Have any of the insureds prior losses resulted from work performed by subcontractors? Yes No

If Yes, please describe:

Alarm Information (continued)

Does the insured design alarm systems? Yes No

If Yes, please answer the following questions:

What qualifications do the designers have?

NICET Fire Alarm Systems Certified Technician Level I II III IV

NBFAA National Training School Certified Alarm Technician Advanced Burglar Alarm Technician

Are any of the systems designed by the insured installed by subcontractors? Yes No

If Yes, what percentage of the insured's total annual receipts are generated by systems designed by the insured and installed by subcontractors? Yes No

Does the insured keep permanent records of "as built" alarm plans? Yes No

If Yes, for how many years? _____

Please indicate the payroll and receipts projected for this year, and for each of the past two years:

Exclude executive officer's payroll, clerical payroll, and payroll for wrap-up/OCIP projects.

	PAYROLL			RECEIPTS		
	This Year – Projected	Last Year – Actual / Audit Results	Previous Year - Actual / Audit Results	This Year – Projected	Last Year – Actual / Audit Results	Previous Year - Actual / Audit Results
Alarms and Alarm Systems - installation	\$	\$	\$	\$	\$	\$
Alarms and Alarm Systems - service/repair	\$	\$	\$	\$	\$	\$
Alarms and Alarm Systems - Sales	\$	\$	\$	\$	\$	\$
Alarms – monitoring	\$	\$	\$	\$	\$	\$
Electrical Work – non-alarm	\$	\$	\$	\$	\$	\$

Does the insured perform any other services not reflected in the payroll/receipts shown above? Yes No

If Yes, please describe and provide projected payroll/receipts:

Please provide any other applicable rating or underwriting information:



Fire Extinguisher Services

Description of Operations

Please provide a brief description of operations:

Please indicate the business sectors represented by the insured's customers and show the estimated percentage of the insured's overall receipts generated by each sector:

_____ % Apartments/Condominiums	_____ % Hotel/Motel
_____ % Hospitals/Health Care	_____ % Industrial/Manufacturing
_____ % Private Dwellings/Residential Applications	_____ % Restaurants/Food Service
_____ % Retail/Office	
_____ % Other (please describe): _____	

What types of extinguisher systems do you currently work with? _____

What % of your business is onsite testing and refilling? _____

How many vehicles are equipped with testing equipment? _____ Do you have a written safety program? _____

Has the insured ever been involved in any industry product recalls? Yes No

If Yes, please describe:

Does the insured hire subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, are certificates of insurance obtained/maintained from all subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured require subcontractors to carry insurance limits equal to or exceeding the insured's limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe how the insured makes sure that its subcontractors maintain their insurance: _____	
Please describe the work performed by subcontractors and indicate the annual receipts for this work:	
Installation receipts: \$ _____ Description: _____	
Service/repair receipts: \$ _____ Description: _____	
Does the insured hire subcontractors to perform asbestos removal or asbestos abatement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of the insureds prior losses resulted from work performed by subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Fire Extinguisher Services (continued)

Please indicate the payroll and receipts projected for this year, and for each of the past two years:

Exclude executive officer's payroll, clerical payroll, and payroll for wrap-up/OCIP projects.

	PAYROLL			RECEIPTS		
	This Year – Projected	Last Year – Actual / Audit Results	Previous Year - Actual / Audit Results	This Year – Projected	Last Year – Actual / Audit Results	Previous Year - Actual / Audit Results
Extinguishers - service/repair	\$	\$	\$	\$	\$	\$
Extinguishers - Sales	\$	\$	\$	\$	\$	\$

Does the insured perform any other services not reflected in the payroll/receipts shown above?

Yes No

If Yes, please describe and provide projected payroll/receipts:

Please provide any other applicable rating or underwriting information:



Fire Safety Equipment Dealers Information

Does the insured manufacture any products? Yes No

If Yes, please describe all such products and the annual sales volume for each:

Does the insured modify any products manufactured by others prior to sale? Yes No

If Yes, please describe all such products and the annual sales volume for each:

Does the insured import any products? Yes No

If Yes, please describe all such products and the annual sales volume for each:

Does the insured sell any products manufactured outside of the US. that are imported by others? Yes No

If Yes, please describe all such products and the annual sales volume for each:

If Yes, provide foreign and domestic addresses for this manufacturer: _____

Is the insured named as an additional insured on the manufacturer's general liability policy? Yes No

Please attach copies of current Products Liability Certificates of Insurance from the importers.

For any products not manufactured by the insured, not modified by the insured, and not imported by the insured, does the manufacturer provide the insured with Products Liability 'Vendors' coverage? Yes No

Please attach copies of current Products Liability Certificates of Insurance from the manufacturers.

Please describe the product lines that the insured sells and indicate the sales volume for each:

PRODUCT DESCRIPTION	RECEIPTS		
	This Year - Projected	Last Year - Actual / Audit Results	Previous Year - Actual / Audit Results
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Please provide copies of brochures or any applicable sales material.



Sprinkler Contractor Information

Please indicate the business sectors represented by the insured's customers and show the estimated percentage of the insured's overall receipts generated by each sector:

_____ % Apartments/Condominiums	_____ % Hotel/Motel
_____ % Hospitals/Health Care	_____ % Industrial/Manufacturing
_____ % Private Dwellings/Residential Applications	_____ % Restaurants/Food Service
_____ % Retail/Office	
_____ % Other (please describe): _____	

Does the insured inspect, test or certify systems installed by others? Yes No

If Yes, what percentage of total receipts are generated from these services? _____ %

Does the insured use CPVC piping for any sprinkler installations? Yes No

If Yes, what percentage of total receipts are generated from these services? _____ %

If Yes, how long has the insured used CPVC products for sprinkler installations? _____

Describe policies, procedures and safeguards for the use of CPVC installations and service:

Does the insured perform retrofit work? Yes No

If Yes, what percentage of total receipts are generated from these services? _____ %

Does the insured design sprinkler systems?

If Yes, please answer the following questions:

What qualifications do the designers have?

<input type="checkbox"/> NICET Certified Technician:	
Automatic Sprinkler System Layout	Level <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV
Inspection and Testing of Water-Based Systems	Level <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV
Special Hazards Suppression Systems	Level <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV
<input type="checkbox"/> PE (Professional Engineer)	
<input type="checkbox"/> Other (describe) _____	

Are any of the systems designed by the insured installed by subcontractors? Yes No

Does the insured keep permanent records of "as built" sprinkler plans and hydraulic calculations? Yes No

If Yes, for how many years? _____

Does the insured require subcontractors to carry insurance limits equal to or exceeding the insured's limits? Yes No

Sprinkler Contractor Information (continued)

Please describe how the insured makes sure that its subcontractors maintain their insurance:

Please describe the work performed by subcontractors and indicate the annual receipts for this work:

Installation receipts: \$ _____ Description: _____

Service/repair receipts: \$ _____ Description: _____

Please indicate the payroll and receipts projected for this year, and for each of the past two years:

Exclude executive officer's payroll, clerical payroll, and payroll for wrap-up/OCIP projects.

	PAYROLL			RECEIPTS		
	This Year – Projected	Last Year – Actual / Audit Results	Previous Year - Actual / Audit Results	This Year – Projected	Last Year – Actual / Audit Results	Previous Year - Actual / Audit Results
Sprinkler Systems - installation	\$	\$	\$	\$	\$	\$
Sprinkler Systems - service/repair	\$	\$	\$	\$	\$	\$
Sprinkler Systems – sales	\$	\$	\$	\$	\$	\$
Plumbing – commercial	\$	\$	\$	\$	\$	\$
Plumbing – residential	\$	\$	\$	\$	\$	\$
Hood and Duct Grease Cleaning	\$	\$	\$	\$	\$	\$

Does the insured perform any other services not reflected in the payroll/receipts shown above? Yes No

If Yes, please describe and provide projected payroll/receipts:

Has the insured had any current or past involvement with Wrap-Up/OCIP? Yes No

If Yes, please describe:

Will you commit to participation in the Audit Trail Program? _____*

(*Required to participate)

Information provided by the named insured to the Audit Trail Center will be kept in strict confidence and can only be released to the insurance carrier's claims adjuster related to a specific claim reported by the above noted named insured. This information will not be released without the express written consent of the named insured or the insured's agent, unless ordered to do so by court processes. In the event any records are subpoenaed the insured will be notified immediately.

Producer's Signature

Date

Applicant's Signature

Date



Restaurant/Special Systems Information

Please indicate the business sectors represented by the insured's customers and show the estimated percentage of the insured's overall receipts generated by each sector:

_____ % Apartments/Condominiums	_____ % Hotel/Motel
_____ % Hospitals/Health Care	_____ % Industrial/Manufacturing
_____ % Private Dwellings/Residential Applications	_____ % Restaurants/Food Service
_____ % Retail/Office	
_____ % Other (please describe): _____	

Does the insured inspect, test or certify systems installed by others? Yes No

If Yes, what percentage of total receipts are generated from these services? _____ %

Does the insured currently perform, or ever in the past performed, asbestos removal or asbestos abatement? Yes No

Has the insured ever been involved in any industry product recalls? Yes No

If Yes, please describe: _____

Does the insured perform retrofit work? Yes No

If Yes, what percentage of total receipts are generated from these services? _____ %

Does the insured perform work on gaseous fire control (Halon) systems? Yes No

If Yes, please describe: _____

Does the insured design restaurant/special systems? Yes No

If Yes, are the guidelines set forth by NFPA followed for installation, service and repair? Yes No

Are any of the systems designed by the insured installed by others or subcontractors? Yes No

If Yes, what percentage of the insured's total annual receipts are generated by systems designed by the insured and installed by subcontractors? _____

Does the insured keep permanent records of "as built" restaurant/special systems plans and hydraulic calculations? Yes No

If Yes, for how many years? _____

Does the insured hire subcontractors? Yes No

If Yes, are certificates of insurance obtained/maintained from all subcontractors? Yes No

Does the insured require subcontractors to carry insurance limits equal to or exceeding the insured's limits? Yes No

Please describe how the insured makes sure that its subcontractors maintain their insurance: _____

Please describe the work performed by subcontractors and indicate the annual receipts for this work:

Installation receipts: \$ _____ Description: _____

Service/repair receipts: \$ _____ Description: _____

Restaurant/Special Systems Information (continued)

Does the insured hire subcontractors to perform asbestos removal or asbestos abatement? Yes No

Have any of the insured's prior losses resulted from work performed by subcontractors? Yes No

If Yes, please describe: _____

Please indicate the payroll and receipts projected for this year, and for each of the past two years:

Exclude executive officer's payroll, clerical payroll, and payroll for wrap-up/OCIP projects.

	PAYROLL			RECEIPTS		
	This Year – Projected	Last Year – Actual / Audit Results	Previous Year - Actual / Audit Results	This Year – Projected	Last Year – Actual / Audit Results	Previous Year - Actual / Audit Results
Restaurant Systems - installation	\$	\$	\$	\$	\$	\$
Restaurant Systems - service/repair	\$	\$	\$	\$	\$	\$
Hood and Duct Grease Cleaning	\$	\$	\$	\$	\$	\$

Does the insured perform any other services not reflected in the payroll/receipts shown above? Yes No

If Yes, please describe and provide projected payroll/receipts: _____

Please provide any other applicable rating or underwriting information:

Attachments and Representation

ATTACHMENTS TO THIS APPLICATION SHOULD INCLUDE THE FOLLOWING:

- * Complete ACORD forms (insurance application)
- * 5 years of currently valued (within 60 days) hard copy loss runs, including loss details and descriptions (for all lines requested)
- * A complete drivers list, with drivers names, license numbers, dates of birth and date of hire

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING. INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH ISA CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

THE UNDERSIGNED REPRESENTS THAT HEISHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS SURVEY AND THAT THE INFORMATION PROVIDED IN THIS SURVEY, INCLUDING ANY ATTACHMENTS, IS TRUE AND ACCURATE AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Applicant's Signature _____ Date: _____

Name and title (please print): _____

Insurance Agent's Signature _____ Date: _____