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Insurance Innovators, Inc.

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Fire Suppression Contractors General Liability Application

First Named Insured: _____

Street Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Contact person for inspection and/or audit: _____ Phone: _____

Web site address: _____

1. Business type: Individual Partnership Corporation LLC Other: _____

2. Number of years in business? _____ Number of years under this name? _____ Number of years experience in this field? _____

3. Are you involved in any other operations: No Yes (describe): _____

4. Are you and/or your firm a member of: NFPA SFPE NFSA AFSA Other: _____

5. List of Key Field Supervisors:
Name **Yrs in Industry** **Professional Designations** **Yrs with your firm** **DOB**

6. Describe duties of owner: _____

7. Five (5) largest clients:	Work performed for them:

8. Do you use a signed contract with all customers? No Yes

Please attach a copy of your standard customer contract or purchase order.

9. Your pre-employment screening procedures include (check all that apply):

Prior employment check Background check Drug screening MVR

10. Your training program consists of (check all that apply):

Written Manual Report Writing CPR Apprenticeship Program On the Job

Other (describe): _____

11. List all work related / professional licenses held by you and your employees (use a separate sheet if necessary): _____

Have any licenses ever been suspended or revoked? No Yes (explain): _____

12. **OPERATIONS:**

Annual Gross Receipts (based on policy term):

Projected year: \$ _____ Current year: \$ _____ Last year: \$ _____ Prior year: \$ _____

Breakdown of Operations:	Percentage:	Projected Payroll	Projected Annual Gross Receipts
New Installation	%	\$	\$
Retrofit	%	\$	\$
Design	%	\$	\$
Service and Repair	%	\$	\$
Inspection	%	\$	\$
"Day Work" **	%	\$	\$
Plumbing	%	\$	\$
Other:	%	\$	\$

***"Day Work" is a small, short duration project

13. Using **projected annual gross receipts**, estimate the percentage of sales in each of the following categories:

MARKET SEGMENTS	SYSTEMS
% Commercial	% Wet / Dry Sprinklers
% Restaurants	% Foam / Chemical Systems
% Institutional	% Special Hazards
% Residential	% Portable Extinguishers
% Computer Rooms	% CO ₂
% Hospital	% Halon
% Nursing Homes	% Other "Gaseous" Systems
% Marine, Off Shore, Airports, Aviation	

14. Do you use any subcontractors? No Yes

- a. If yes, annual cost: \$ _____
- b. What kind of work is subcontracted? _____
- c. Do you use a written contract with all of your subcontractors? No Yes If yes, **please attach a copy of the contract.**
- d. Do you obtain Certificates Of Insurance from all of your subcontractors? No Yes
- e. Do you require that all subcontractors include you as an Additional Insured under their policy? No Yes
- f. Do all subcontractors carry minimum limits of \$1,000,000 each occurrence / \$2,000,000 annual aggregate? No Yes

15. Have any of your jobs been in gasoline / fueling stations, chemical plants, refineries, nuclear power plants, or similar hazardous occupancies? No Yes If "Yes" provide details: _____

16. Have you ever installed sprinkler heads that are subject to recall (e.g., Omega, Central, Star, and Gem)? No Yes
If "Yes", have the sprinkler heads been replaced? No Yes If "No", please explain: _____

17. Do you notify customers in writing:

- a. Not to deactivate parts of the system? No Yes
- b. Confirming installation standards? No Yes
- c. That the property owner's representative witnessed the system? No Yes
- d. That it is the responsibility of the owner or manager of the location to maintain the system? No Yes

18. Do you perform any retrofit work? No Yes If "Yes":

- a. Describe type of retrofit work, occupancy, number of stories, reason for retrofit, etc.: _____
- b. Do the job proposals and contracts include an asbestos clause mandating the removal of asbestos by a third party prior to commencement of work? No Yes

19. Do you install systems in buildings over four (4) stories? No Yes

20. Do you manufacture any type of fire protection equipment? No Yes
21. Do you sell any type of product uninstalled? No Yes If "Yes",
- a. Do the manufacturers cover you as "Additional Insured" under Vendors coverage? No Yes
22. Are any fire suppression / extinguishing systems designed by your employees? No Yes If "Yes":
- a. Are employees NICET Level III or IV Engineering Technicians? No Yes If "Yes", please list
-
23. Is there a licensed and /or registered Professional Engineer (P.E.) on staff? No Yes If "Yes",
- a. Does the P.E. stamp and seal their own plans? No Yes
- b. Does the P.E. stamp and seal plans for outside firms? No Yes
24. Are outside firms used for design work? No Yes If "Yes",
- a. What percent of total design: _____%
- b. Are the system designers P.E. or NECET III or IV Engineering Technicians? No Yes
25. Do you do any design work for other firms? No Yes If "Yes",:
- a. Show percentage of design work done for others and describe: _____
-
- b. Does your system designer approve any changes to the design? No Yes
- c. Does your manager/job foreman approve any changes to the design? No Yes If "Yes", describe how such design changes are checked for compliance with the owner's specifications, local building and state codes:
-
26. Are detailed records kept on all jobs? No Yes Check all that are typically kept in those records:
- Dates Type of work performed Materials used Replaced or recharged parts Date system is activated
- a. How long do you keep these records? _____ years
- b. Are duplicate records kept at another location? No Yes
- c. Do you use electronic field inspection system? No Yes
27. At completion of job, who verifies that all work complies with NFPA Standards and local codes? _____
-
28. What percentage of jobs use: CPVC pipe _____% Copper _____% Metal _____%
- Are all of your fitters trained on the various cure times for different size pipes? No Yes
29. Describe any fuels, chemicals, or other hazardous materials stored at the job site; how they are stored/ protected; spill prevention methods: _____
-

30. **COVERAGE REQUESTED**

Each Occurrence \$ _____

General Aggregate \$ _____

Products / Completed Operations Aggregate \$ _____

Personal & Advertising Injury Aggregate \$ _____

Fire Legal Liability \$ _____

Medical Payments \$ _____

Deductible options: \$1,000 \$2,500 \$5,000 \$10,000 Other: \$ _____

31. **GENERAL LIABILITY CLAIM HISTORY.** Please include with your submission five (5) years, currently valued, hard copy, company Loss Runs. If there have been no claims / losses, please state "None".

Date of Loss	Description	Amount Paid	Amount Reserved	Status (open / closed)

Please describe any additional incidents that have occurred that may result in a claim or suit being brought against you. If none, so state:

32. **POLICY INFORMATION**

Policy Period		Insurer	Limits	Premium	Exposure Basis (e.g., receipts, payroll)	Deductible
From	To					
/ / : / /			\$	\$	\$	\$
/ / : / /			\$	\$	\$	\$
/ / : / /			\$	\$	\$	\$
/ / : / /			\$	\$	\$	\$
/ / : / /			\$	\$	\$	\$

Has any insurance company in the past five (5) years cancelled or refused to renew your insurance coverage? No Yes

If "Yes", please describe: _____

State Notices: The following notices are required by the Insurance Department of the indicated states.

NOTICE TO FLORIDA APPLICANTS: 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.

THE UNDERSIGNED DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE INSURANCE, NOR DOES REVIEW OF THE APPLICATION BIND THE INSUROR TO ISSUE A POLICY. IT IS AGREED, HOWEVER, THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

SIGNED BY (please print): _____
 Name Title

Applicant Signature Date

Producer Signature Date

PRODUCER INFORMATION

Agency Name: _____
 Address: _____

Producer: _____
 email: _____
 Phone: _____ Fax: _____

Named Insured: _____

Key Contact: _____

SIC Code/Classification: _____

Business Phone Number: _____

Email: _____

Website: _____

Submission Requirements

- Completed ACORD Application Including the Business Auto Section
- Current vehicle list with complete 17 digit VINs
- 3-5 years documented loss history
- Drivers List and copies of current MVRs

Section 1 – General Information

1. Are any scheduled vehicles registered to individuals and not used in the business? Yes No
If Yes: Which vehicle(s) and who are they titled to and used by? _____
2. Are any vehicles owned or leased by your company NOT on this schedule? Yes No
3. Do operations involve transporting hazardous materials? Yes No
If Yes, please describe which Federal or State Filings are required: _____
4. Do operations involve hauling or backhauling for others? Yes No
If yes, please describe: _____

Section 2 – Driver Management

1. Does the insured obtain a MVR on each driver prior to hiring and annually thereafter? Yes No
2. Does the account have a driver recruiting method? Yes No
3. For personal use of company vehicles, please indicate which applies:
 There is a written policy on personal use of company vehicles restricting use to the assigned driver.
 There is a verbal policy on personal use of company vehicles restricting use to the assigned driver.
 There is no personal use of company vehicles.
 There is no policy in place restricting personal use of company vehicles.

Section 3 – Fleet Safety Management

1. Is there a formal safety program in effect? Yes No
If yes, please briefly describe and/or attach a copy of the safety program. _____
2. How often are safety meetings held? _____
3. Is there a safety incentive program in place and is auto included in the program? Yes No
4. Do drivers perform daily maintenance checks on ALL vehicles? Yes No

Section 3 – Non-Owned Auto

1. Do any drivers use their own personal vehicle regularly on company business? Yes No
Note: Regular means use of their personal vehicle daily and it is a part of their job responsibility, (i.e. salespersons, job superintendents)
2. If Yes to 1. above, does the insured monitor existence of their own personal insurance and at what limits? _____