

FIRE PREVENTION



*Company Name:		
*Company Address:		Suite / Unit:
*City:	*State:	*Zip Code:
Contact Name:		*Phone Number:
E-mail Address:		Fax Number:
Web site:		
Are you member of a National Association? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> AFSA <input type="checkbox"/> NFSA
What is the Federal Tax ID number?		
<p>1. Current Policy Expiration Date (mm/dd/yy)</p> <p>Deductible</p> <p>Limits of Liability Insurance:</p> <p>Current Liability Carrier:</p> <p>*Is the Current Carrier Renewing your coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*Total Labor Payroll \$</p> <p>*Total Gross Receipts \$</p> <p>*Total Cost of Work You Sub Out \$</p>		
<p>2. What % of operations are from the installation, servicing or repair of water-based extinguishing system within the following four categories:</p> <ul style="list-style-type: none"> • Category I, Wet-Pipe Systems % • Category II, Dry-Pipe System Under Air Pressure % • Category III, Pre-Action Systems % • Category IV, Deluge Systems % 		
<p>3. What % of the operations are from the following</p> <ul style="list-style-type: none"> • New installation work % • Rehab/renovation work % • Retrofit work % • Service/Repair % 		
<p>Do you perform any of the following operations</p> <ul style="list-style-type: none"> • Installation, servicing or repair of chemical-based extinguishing systems, including high expansion foam systems, other than clean agent (halon)? <input type="checkbox"/> Yes <input type="checkbox"/> No • Installation, servicing or repair of clean agent (halon) system > 25% of total operations? <input type="checkbox"/> Yes <input type="checkbox"/> No • Alarm system sales or installation other than the mechanical installation of parts within the sprinkler system (e.g. a water flow detection device)? <input type="checkbox"/> Yes <input type="checkbox"/> No • Manufacturers or distributors of automatic sprinkler heads, valves, gauges, pumps, alarms or detection systems? <input type="checkbox"/> Yes <input type="checkbox"/> No • Sale, installation, servicing or repair of fire extinguishers, ansul-type systems or any other type of packaged or pre-engineered suppression equipment >25% of total operations? <input type="checkbox"/> Yes <input type="checkbox"/> No • Design work for systems not installed by the insured >15% of total operations? <input type="checkbox"/> Yes <input type="checkbox"/> No 		

- Inspection, testing or certification of systems not installed by the insured >15% of total operations? Yes No

Do you perform design, inspection, testing and/or certification work have a Professional Engineer (P.E.) designation or the National Institute for Certification in Engineering Technologies (NICET) Level III or above? Yes No

If No, describe the qualifications of the individual(s) doing this work.

Have any professional liability claims been made against the insured due to systems they designed, inspected, tested or certified? Yes No

If Yes, please provide the claim details, including date of loss, amount of claim, nature of claim, project description, current status, etc.

4. Company operating as:

General Contractor _____% Prime Contractor _____% Subcontractor _____%

5. Indicate the average percentage of the risk's TOTAL payroll or sales during the past 5 years for the following:

Percentages based on: (Check One) Payroll or Sales

COMMERCIAL WORK	%
INDUSTRIAL WORK	%
RESIDENTIAL WORK	%

6. Describe your four largest projects over the past five years, including values

7. List current projects currently underway or planned for the next year, including values

HABITATIONAL WORK

Please complete if your company does any habitational work

HABITATIONAL WORK BREAKDOWN	% New or Major Rehab/Renovation	+	% Service or Maintenance	=	
<input type="checkbox"/> Condominiums (High And Low Rise)	%	+	%	=	%
<input type="checkbox"/> Multi-Family Owned Developments (including townhouses)	%	+	%	=	%
<input type="checkbox"/> Tract Housing	%	+	%	=	%
<input type="checkbox"/> Triplexes and Duplexes	%	+	%	=	%
<input type="checkbox"/> Apartments	%	+	%	=	%
<input type="checkbox"/> Other _____	%	+	%	=	%
OTHER WORK: PLEASE DESCRIBE:					%
TOTAL (THE TOTAL SHOULD EQUAL 100%)					

8. Do you have any future plans related to work involving apartments, condos, townhouses, tract homes, custom homes or homes of unusual design? Yes No

If Yes, please describe:

9. List the states the insured worked in during the last 5 years

10. Has your company ever installed or have any future plans involving the installation of EIFS?

Yes No

11. Has your company ever been named in claims and/or litigation regarding faulty or defective construction or workmanship, including claims due to subsidence issues or use of EIFS? Yes No

<p>If Yes, were you acting as a general or sub-contractor? Was it a habitational or commercial project? Provide detail on claims/litigation and how the issue was corrected</p>
<p>12. Do you have knowledge of any pre-existing act, omission, event; condition or damages to any person or property that may potentially give rise to any future claim or legal action? <input type="checkbox"/>Yes <input type="checkbox"/>No If Yes, please describe</p>
<p>13. A. Any current or past involvement with wrap-up/OCIP? <input type="checkbox"/>Yes <input type="checkbox"/>No B. Any residential wrap-ups? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>
<p>14. Does the risk have a quality control program? <input type="checkbox"/>Yes <input type="checkbox"/>No If Yes, is it <input type="checkbox"/> Informal or <input type="checkbox"/> Documented</p>
<p>15. Does the risk retain job files? <input type="checkbox"/>Yes <input type="checkbox"/>No If Yes, how long are they retained?</p>
<p>16. List the types of work subcontracted</p> <ul style="list-style-type: none"> • Do you obtain Certificates of Insurance from all subcontractors? <input type="checkbox"/>Yes <input type="checkbox"/>No Are you named as an additional insured on all subcontractors' policies? <input type="checkbox"/>Yes <input type="checkbox"/>No • Does the risk require all subcontractors to carry primary limits equal to or greater than their own? <input type="checkbox"/>Yes <input type="checkbox"/>No • Do you use written subcontractor agreements containing hold harmless/indemnity agreements in favor of the risk? <input type="checkbox"/>Yes <input type="checkbox"/>No
<p>17. Indicate the types of subcontractor agreements the risk typically signs: <input type="checkbox"/> Standard (AGC, AIA contracts) <input type="checkbox"/> Custom <input type="checkbox"/> Other</p>

Additional Questions

Does the insured have a New Hire Orientation Program with pre-physicals, drug screening, etc.?
Are safety meetings held with attendance by mgrs. And employees with attendance records kept?
If subs are hired, are all contracts reviewed by legal counsel or the insurance agent?
Is there a Diary System in place to track expiration dates of certificates of insurance?
What percentage of your work is CPVC-New _____% Retro or Repair _____%
Are all fitters trained on the various cure times for different size pipes?
How long do you let a "cut-in" cure for pipes 1 1/4" _____, 1 1/2" _____, and 2" _____?
Is the cure time adjusted for temperature? _____ Humidity? _____ & Angle cut of pipe? _____
Prior year number of employees
Current year number of employees

Applicant's Signature: _____ **Date:** _____

* - required fields