

**FIRE SUPPRESSION PROGRAM
APPLICATION FOR GENERAL LIABILITY**

SECTION I – GENERAL INFORMATION

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

<p>1. Name of Applicant: _____ <i>(If applicable, include DBA or Trade Name.)</i></p> <p>DBA: _____</p>	<p>Requested Effective Date: _____</p>
<p>2. Mailing Address: _____ <i>(Street)</i></p> <p>_____</p> <p align="center"><i>(City) (State) (Zip Code)</i></p> <p>Primary Location: _____ <i>(Street)</i></p> <p>_____</p> <p align="center"><i>(City) (State) (Zip Code)</i></p> <p>Additional Location: _____ <i>(Street)</i></p> <p>_____</p> <p align="center"><i>(City) (State) (Zip Code)</i></p>	
<p>3. Web Site Address: _____</p>	
<p>4. Business Owner(s): _____ Percentage of Ownership: _____ %</p> <p>_____ Percentage of Ownership: _____ %</p> <p>Phone: _____ Fax: _____ E-mail: _____</p>	
<p>5. Business Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other <i>(Describe):</i> _____</p>	
<p>6. Years in business under the above name: _____</p>	
<p>7. Additional years of Business Owner experience: _____ Describe type of experience: _____</p> <p>_____</p>	
<p>8. Has the Applicant/Business Owner operated under any other name in the past 10 years? (If yes, answer A-B.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>A. Is this Business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Provide Business name and describe operations: _____</p>	

SECTION II – BUSINESS ORGANIZATIONAL DATA PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

<p>1. Does the Applicant/Business Owner currently own any other Entities or operate any other Businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>A. If yes, please explain: _____</p>
<p>2. Does the Applicant/Business Owner (Applicant being the parent company) currently own any Subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>A. If yes, please explain: _____</p>
<p>3. Is the Applicant/Business Owner currently listed as a Subsidiary of any other company? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>A. If yes, please explain: _____</p>

SECTION III – OPERATIONS

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

A. SPRINKLER SYSTEMS (94381)

ANNUAL SALES:

Projected Year	1 st Prior Year	2 nd Prior Year
\$ _____	\$ _____	\$ _____

1. What percentage of your Sales is from (must equal 100%):
 A.) Installation _____ % B.) Service/Repair _____ % C.) Testing _____ %
 D.) Design _____ %

2. What percentage of your Sprinkler Testing is done in buildings that are 5 stories or more? _____ %

3. What percentage of your New Construction Work is done in buildings that are 5 stories or more? _____ %

4. What percentage of you Tenant Improvement Work is done in buildings that are 5 stories or more? _____ %

5. **TYPES OF ACCOUNTS SERVICED (must equal 100%):**

Office/Retail _____ %	Industrial/Manufacturing _____ %	Restaurants _____ %
Apts./Condos _____ %	Hotel/Motel _____ %	Hospital/Nursing Home _____ %
Single Family Res. _____ %	Airports/Aviation _____ %	Schools/Institutions _____ %
Marine or Off Shore _____ %	Research Facilities/Labs _____ %	Other _____ %

Describe Other: _____

6. What percentage of your Sales is from (must equal 100%):
 Commercial Operations _____ % Residential Operations _____ %

7. Do you Design Systems OTHER THAN FOR YOUR OWN INSTALLATIONS? Yes No
 If yes, please explain: _____

8. Do you Install, Service, Test or Inspect Fire Pumps OTHER THAN FOR YOUR OWN OPERATIONS? Yes No

9. Do you do any Plumbing Work OTHER THAN SPECIFICALLY FOR SPRINKLER SYSTEMS? Yes No
 (If yes, answer A-C.)
 A. Under what name? _____
 B. Describe the work performed: _____
 C. Provide the associated Sales for past 3 years: _____

B. ENGINEERED AND PRE-ENGINEERED SYSTEMS – RESTAURANT SUPPRESSION SYSTEMS (94382)

ANNUAL SALES:

Projected Year	1 st Prior Year	2 nd Prior Year
\$ _____	\$ _____	\$ _____

1. What percentage of your Sales is from (must equal 100%):
 A.) Installation _____ % B.) Service/Repair _____ % C.) Product Sales _____ %
 D.) Design _____ %

2. Do you Install, Service or Test Halon Systems? Yes No
 If yes, what percentage of your work? _____ %

C. EXTINGUISHERS (94304)

ANNUAL SALES:

Projected Year	1 st Prior Year	2 nd Prior Year
\$ _____	\$ _____	\$ _____

1. What percentage of your Sales is from (must equal 100%):
- A.) Installation _____ % B.) Service/Repair _____ % C.) Testing _____ %
- D.) Grease Cleaning _____ % E.) Product Sales _____ %

2. **TYPES OF ACCOUNTS SERVICED (must equal 100%):**
- Office/Retail _____ % Industrial/Manufacturing _____ % Restaurants _____ %
- Apts./Condos _____ % Hotel/Motel _____ % Hospital/Nursing Home _____ %
- Single Family Res. _____ % Airports/Aviation _____ % Schools/Institutions _____ %
- Marine or Off Shore _____ % Research Facilities/Labs _____ % Other _____ %
- Describe Other: _____

D. FIRE ALARMS (91127)

ANNUAL SALES:

Projected Year	1 st Prior Year	2 nd Prior Year
\$ _____	\$ _____	\$ _____

1. What percentage of Sales is from (must equal 100%):
- A.) Installations _____ % B.) Service/Repair _____ % C.) Monitoring _____ %

2. What percentage of your Sales is from (must equal 100%):
- Commercial Operations _____ % Residential Operations _____ %

3. Do you provide Installation, Service/ Repair or Monitoring for any Burglar Alarms or Life Support Systems? Yes No

SECTION IV – CONTRACT INFORMATION

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Please list the percentage of your work for each of the following (must equal 100%):
- General Contractors _____ % General Public _____ % Military/Government _____ %
- Municipalities _____ % Fire Department _____ % Commercial/Industrial _____ %
- Other _____ % Describe Other: _____

SECTION V – LICENSING

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Is a license to operate required in your state? (If yes, please provide applicable license number below.) Yes No

State Portable License Number:	_____
State Systems License Number:	_____
State Sprinkler License Number:	_____

SECTION VI – PRODUCT INFORMATION

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Does your company Sell (Retail/Wholesale) any type of Life Support Equipment or Protective Clothing? Yes No
- If yes, describe and provide annual Sales associated: _____

2. Are you an Authorized Dealer for any Manufacturer? (If yes, please list below.) Yes No

Name of Manufacturer	Products Line Represented
_____	_____
_____	_____

3. Are all the Products used in conjunction with your business purchased in the United States? Yes No

4. Do you offer your Clients any type of Service Contract? (If yes, please attach a copy.) Yes No

SECTION VII – RISK MANAGEMENT

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Please list any State or National Trade Associations you belong to: _____

2. Describe Owner's duties or involvement in daily operations: _____

3. Do you work in any state other than the one where your office/shop is located? Yes No
If yes, please list: _____

4. Do you maintain records on all Service, Repair or Testing? Yes No
If yes, for how many years? _____

5. Do you Subcontract Work to Others? (If yes, answer A-D.) Yes No

A. What percentage of your Total Operations is Subcontracted to Others? _____ %

B. What type of work is Subcontracted Out to Others? _____

C. Do you obtain a Certificate of Insurance from each Subcontractor evidencing Liability Limits of at least \$1,000,000/\$2,000,000? Yes No

D. Do you require all Subcontractors to add you onto their policy as an Additional Insured? Yes No

SECTION VIII – PRIOR INSURANCE

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Please provide details for the last 3 years:

Year	General Liability Insurance Carrier	Limits	Premium	Deductible
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

2. In the past three years, has any Insurance Company cancelled or refused to renew your Liability insurance? Yes No
If yes, please explain: _____

SECTION IX – CLAIMS HISTORY (LAST 3 YEAR)

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Please provide details for the last 3 years (if none, please state "none"):

Date of Claim	Description of Loss	Amount of Claim
		\$
		\$
		\$

Applicant's and Producer's Signature:

Applicant: I believe the statements in this application to be true and correct. I understand that the insurer will rely on these statements if a policy is to be issued. This application will become a part of any policy issued. Providing false information in an application for insurance is fraud, which is a crime in many states.

_____	_____
Applicant's Signature	Title
_____	_____
Applicant's Name	Date
_____	_____
Producer's Signature	Date

IMPORTANT: THIS IS NOT A BINDER OR OFFER OF COVERAGE