



SUPPRESSION PRO[®]
Insurance Solutions

SECTION I – GENERAL INFORMATION

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Name of Applicant: _____ DBA: _____ <i>(If applicable, include DBA or Trade Name)</i>	Requested Effective Date: _____
2. Mailing Address: _____ <i>(Street)</i> _____ <i>(City)</i> _____ <i>(State)</i> _____ <i>(Zip Code)</i> Physical Address: _____ <i>(Street)</i> _____ <i>(City)</i> _____ <i>(State)</i> _____ <i>(Zip Code)</i>	
Do you have any other Business Locations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Location Addresses on a separate paper.	
3. Business Owner(s): _____ Percentage(s) of Ownership: ____ % _____ Percentage(s) of Ownership: ____ %	
4. Phone: _____ Email: _____ Fax: _____ Website: _____	
5. Business Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other (Describe): _____	
6. Number of years in business under the above name: _____	
7. How many years of experience in the Fire Protection industry do you have? Owner: _____ Manager: _____ A. If applicable, describe the Owner's prior Fire Protection experience: _____ _____ B. If applicable, describe the Manager's prior Fire Protection experience: _____ _____	
8. Within the last 10 years, has the Applicant/Business Owner operated under any other name or does the Applicant/Business Owner currently own any other Entities or operate any other Businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer A-C. A. Provide name <u>and</u> describe operations: _____ _____ B. Is this Entity/Business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No C. <u>If still active</u> , is there separate General Liability Insurance in place for such operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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LICENSE #0D48098

SECTION II – OPERATIONS

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

FIRE SUPPRESSION SYSTEMS (WET SPRINKLER SYSTEMS)			Not Applicable <input type="checkbox"/>
1. Provide your annual Field Payroll and Gross Sales for the Current Year and the 2 Prior Years:			
	Projected for Current Year	1st Prior Year	2nd Prior Year
Annual Field Payroll	\$	\$	\$
Annual Gross Sales	\$	\$	\$
2. How many Field Employees do you currently employ? _____ How may <u>additional</u> Field Employees do you project hiring during the current year? _____			
3. Do you require at least one service technician on any jobsite be certified by the manufacturer training program and NFPA 13 and 25? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Describe your operations by percentage based on your annual Gross Sales (must equal 100%)			
Installation _____ %	Service / Repair _____ %	Testing _____ %	
5. Describe the types of accounts you handle by percentage based on your annual Gross Sales (must equal 100%)			
Office Buildings _____ %	Schools/Institutions _____ %	Airports/Aviation Facilities _____ %	
Retail _____ %	Hospitals/Nursing Homes _____ %	Research Facilities/Labs _____ %	
Industrial/Mfg. _____ %	Apartment Buildings _____ %	Marine/Off Shore Facilities _____ %	
Restaurants _____ %	Condos/Town Homes _____ %	Other _____ %	
Hotels/Motels _____ %	Single Family Homes _____ %	Describe Other: _____	
6. Provide a percentage breakdown of your operations based on your annual Gross Sales (each applicable line must equal 100%)			
Commercial Installation _____ %	+ Commercial Retrofitting, Service/Repair and/or Testing _____ %	=100%	
Residential Installation _____ %	+ Residential Retrofitting, Service/Repair and/or Testing _____ %	=100%	
7. Number of Single Family Home Installations: Completed in the Prior Year: _____ Projected for the Current Year? _____			
8. In the past have you done, or are you currently doing, or do you plan to do any Installation and/or Service/Repair work in any of the housing types listed below?			
<input type="checkbox"/> Condominiums	<input type="checkbox"/> Townhouses	<input type="checkbox"/> Row Houses	
<input type="checkbox"/> Tract Home Developments consisting of 5 or more homes	<input type="checkbox"/> Tract Home Developments consisting of 25 or more homes		
9. Percentage of New Construction (i.e. installation) operations in buildings that are 5 or more stories: _____ %			
10. Percentage of Testing in buildings that are 5 or more stories: _____ %			
11. Percentage of Tenant Improvement (i.e. Retrofitting) operations in buildings that are 5 or more stories: _____ %			
12. Do you Design systems <u>other than for your own installations</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
13. Do you Install, Service/Repair, Test and/or Inspect Fire Pumps? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, answer A-C.			
A. Will you ever Retrofit a Fire Pump without Retrofitting the Fire Suppression System?			<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Do you ever Retrofit Fire Pumps in buildings that are 5 or more stories?			<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you use PVC and/or CPVC Piping? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, are you and/or your employees always on the job site at the time of delivery and testing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Do you do any Plumbing Work <u>other than specifically for Sprinkler Systems</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, answer A-C.			
A. Under what name? _____			
B. Describe work performed: _____			
C. Please provide the associated Gross Sales for the past 3 years: \$ _____			

ENGINEERED AND PRE-ENGINEERED FIRE SUPPRESSION SYSTEMS (RESTAURANT SYSTEMS) Not Applicable

1. Provide your annual Field Payroll and Gross Sales for the Current Year and the 2 Prior Years:

	Projected for Current Year	1st Prior Year	2nd Prior Year
Annual Field Payroll	\$	\$	\$
Annual Gross Sales	\$	\$	\$

2. Describe your operations by percentage based on your annual Gross Sales **(must equal 100%)**

Installation _____% Service/Repair _____% Testing _____%

2. Do you Design systems other than for your own installations? Yes No

3. Do service, inspect or maintain any UL 300 non-compliant suppression system? Yes No

4. Do you require at least one service technician on any jobsite be certified by the manufacturer training program and NFPA 96 and 17A? Yes No

5. Do you inspect ventilation systems for compliance with NFPA 96? Yes No

6. Do you photograph suppression system, cooking lines and ventilation system before work commences and after work completion? Yes No

7. Are all such photographs kept in a permanent work file? Yes No

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

GREASE CLEANING Not Applicable

1. Provide your annual Field Payroll and Gross Sales for the Current Year and the 2 Prior Years:

	Projected for Current Year	1 st Prior Year	2 nd Prior Year
Annual Field Payroll	\$	\$	\$
Annual Gross Receipts	\$	\$	\$

2. Do you follow NFPA 96 or ANSI C-10 guidelines for all ventilation cleanings? Yes No

3. Do you photograph suppression system, cooking lines and ventilation system before work commences and after work completion? Yes No

4. Are all such photographs kept in a permanent work file? Yes No

5. Are inaccessible areas of the ventilation system documented and acknowledged by customer? Yes No

6. Is this written acknowledgement kept in the customer's permanent work file? Yes No

FIRE EXTINGUISHERS Not Applicable

1. Provide your annual Field Payroll and Gross Sales for the Current Year and the 2 Prior Years:

	Projected for Current Year	1 st Prior Year	2 nd Prior Year
Annual Field Payroll	\$	\$	\$
Annual Gross Receipts	\$	\$	\$

2. Describe your operations by percentage **(must equal 100%)**:

Installation _____% Service / Repair _____%
Testing _____% Product Sales _____%

3. Do you Install, Service/Repair and/or Test equipment aboard Aircraft or Watercraft or at Airports, Aviation Facilities and/or Marine/Off Shore Facilities? Yes No

FIRE ALARM SYSTEMS Not Applicable

1. Provide your annual Field Payroll and Gross Sales for the Current Year and the 2 Prior Years:

	Projected for Current Year	1st Prior Year	2nd Prior Year
Annual Field Payroll	\$ _____	\$ _____	\$ _____
Annual Gross Sales	\$ _____	\$ _____	\$ _____

2. Describe your operations by percentage based on your annual Gross Sales (**must equal 100%**)

Installation _____% Service/Repair _____% Monitoring _____%

3. Describe the types of Alarm Systems you handle by percentage based on your Annual Gross Sales: (**must equal 100%**)

Fire only _____% Burglar only _____% Fire and Burglar _____%
 Other _____% **Describe other:** _____

4. Describe the types of accounts you handle by percentage based on your annual Gross Sales (**must equal 100%**)

Office Buildings _____%	Schools/Institutions _____%	Airports/Aviation Facilities _____%
Retail _____%	Hospitals/Nursing Homes _____%	Research Facilities/Labs _____%
Industrial/Mfg. _____%	Apartment Buildings _____%	Marine/Off Shore Facilities _____%
Restaurants _____%	Condos/Town Homes _____%	Other _____%
Hotels/Motels _____%	Single Family Homes _____%	Describe Other: _____

5. Provide a percentage breakdown of your operations based on your annual Gross Sales: (**each applicable line must equal 100%**)

Commercial Installation and/or Service/Repair _____% + Commercial Monitoring _____% = 100%
 Residential Installation and/or Service/Repair _____% + Residential Monitoring _____% = 100%

6. In the past have you done, or are you currently doing, or do you plan to do any Installation and/or Service/Repair work in any of the housing types listed below? Yes No

If yes, indicate which type(s):

Condominiums Townhouses Row Houses
 Tract Home Developments consisting of 5 or more homes Tract Home Developments consisting of 25 or more homes

7. Do you Install, Service/Repair and/or Monitor any of the system types listed below?

If yes, indicate which type(s):

Life Support Systems Medical Emergency Systems Home Detention Systems

8. Do you Design alarm systems and/or provide alarm integration other than your own installations? Yes No

9. Percentage of your Alarm System Customers that sign your Contract:

A. Commercial Customers _____%
B. Residential Customers _____%

10. Do your Installation, Service/Repair and/or Monitoring Contracts contain:

A. Indemnity wording in your favor? Yes No
B. A Limitation of Liability Clause (i.e. a stated dollar amount for damages)? Yes No

POLLUTION COVERAGE Not Applicable

- Have all employees been trained to identify pollutants, such as Asbestos/Lead/Mold, at a job site prior to work being performed? Yes No
- Do you have a written procedure in place to hire a third party to properly remove and dispose of any pollutants, such as Asbestos/Lead/Mold, that have been identified at a job site? Yes No
- In the past 5 years has any applicant provided any Asbestos/Lead/Mold abatement services, HVAC design/install services, drilling services, storage tank installation services, fire & water damage restoration work, exterior insulation finishing systems services (EFIS) or pollutant disposal services? Yes No
- Have you had, or is any applicant aware of any fact, circumstance or situation that may give risk to any pollution or environmental damage claims or loss including, but not limited to, biological contamination claims or incidents (including mold, or indoor air quality issues) in the last five years? Yes No

SECTION III – PRODUCT INFORMATION

PLEASE COMPLETE EVERY ITEM

1. Does your company Sell (Retail, Wholesale and/or Internet) any type of Life Support and/or Protective Clothing? Yes No
If yes, answer A-B.
A. What are the annual Gross Sales associated with these products? \$ _____
B. Provide a listing of these products: _____

2. Do you repackage and/or sell any products under your own label? Yes No

3. Are you an Authorized Dealer for any Manufacturer? **If yes, please list below.** Yes No

Name of Manufacturer	Products Line Represented

4. Are the Products used in conjunction with your business manufactured and/or and/or purchased in the United States? Yes No
A. If no, are all foreign Products purchased from a U.S. Distributor? Yes No

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

SECTION IV – RISK MANAGEMENT

PLEASE COMPLETE EVERY ITEM

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

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

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

4. Is a License required to operate in your State? Yes No
If yes, answer A-B.
A. What is your License number? _____
B. Within the last 3 years, has your License been suspended and/or revoked? Yes No

5. Do you maintain records for all Installations, Service/Repair and/or Testing for at least 7 years? Yes No
A. If no, how long do you maintain these records? _____

6. Are Completed Job Files (from bid process to job completion) kept? Yes No
 If yes, how long are files kept? _____ yrs.

7. Are Photographs taken prior to start of jobs and upon completion? Yes No
 If yes, how long are photographs kept? _____ yrs.

8. Will you Service a system that is not in compliance with NFPA Codes? Yes No
If yes, please attach a copy of the warranty used to transfer liability.

9. Do you Subcontract Work to Others? Yes No
If yes, answer A-E.
A. Total Percentage of your Operations Subcontracted to Others? _____ %
B. What type of work is Subcontracted to Others? _____
C. Do you obtain Certificates Of Insurance from each Subcontractor evidencing General Liability Limits and Workers Compensation Limits equal to or greater than your own General Liability and Workers Compensation Limits? Yes No
D. Are all Certificates of Insurance kept on file for a minimum of 3 years? Yes No
E. Do you require all Subcontractors to add you onto their policy as an Additional Insured? Yes No

10. Please describe your current Loss Control Program: _____

SECTION V – PRIOR GENERAL LIABILITY INSURANCE

1. Please provide the Insurance Company Names and your Limits, Deductibles and Premiums for the last 3 years:

Policy Year	Insurance Company Name	Limits	Deductible	Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

2. In the last 3 years, has your General Liability Insurance been Cancelled, Non-Renewed or Declined? Yes No

A. If yes, please explain: _____

SECTION VI – GENERAL LIABILITY CLAIMS HISTORY

1. Please provide details for the last 3 years. **If none, please state “none”.**

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

ANY POLICY QUOTED MY BE SUBJECT TO A MINIMUM POLICY PREMIUM.

Applicant and Producer Signature:

APPLICANT: I UNDERSTAND THAT THIS APPLICATION FOR INSURANCE AND ANY POLICY ISSUED AS A RESULT OF THE APPROVAL OF THIS APPLICATION WILL ONLY PROVIDE INSURANCE FOR FIRE PROTECTION OPERATIONS. I FURTHER UNDERSTAND THAT NO COVERAGE WILL BE PROVIDED FOR ANY OTHER BUSINESSES, OPERATIONS OR SERVICES UNLESS THEY ARE SPECIFICALLY ADDED TO ANY POLICY ISSUED FOR ANY ADDITIONAL PREMIUM.

FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (FOR NEW YORK INSURED: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

Applicant's Signature

Applicant's Title

Applicant's Name

Date

Producer's Signature

Producer's Name

IMPORTANT: THIS IS NOT A BINDER OR OFFER OF COVERAGE

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have the right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury - in concurrence with the Secretary of State, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; an to have been committed by any individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or effect the conduct of the United State Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATE GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOU POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS NSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISVI WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSUREDS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

- I hereby elect to purchase Terrorism coverage for a prospective premium of 5% of the policy premium subject to a \$100 minimum.
- I hereby decline to purchase Terrorism coverage. I understand that I will have no coverage for losses resulting from acts of terrorism.

Policyholder/Applicant's Signature

Account Name

Print Name

Date

Policy Number