

1. Name \_\_\_\_\_  
(Complete name as it should appear on the policy including Corp., Ltd., Etc.)
  2. Address \_\_\_\_\_  
No \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  3. Person To Contact \_\_\_\_\_ Title \_\_\_\_\_
  4. Telephone \_\_\_\_\_ Fax \_\_\_\_\_
  5. Date Established \_\_\_\_\_ License Number \_\_\_\_\_ ☐ Sole Proprietor ☐ Partnership ☐ Corp.
  6. Policy Period Requested: from \_\_\_\_\_ to \_\_\_\_\_ Limit Requested \_\_\_\_\_
  7. Deductible Requested ☐ \$500 ☐ \$1000 ☐ \$2,500 (Applies to all losses including defense)
- | Operations  | Payroll | Sales<br>(Current Year) | Subcontractor<br>Cost |
|---|---------|-------------------------|-----------------------|
| Automatic sprinkler installation, service and/or repair | _____   | _____                   | _____                 |
| Dry Chemical/Halon                                      | _____   | _____                   | _____                 |
| Fire extinguisher servicing, refilling and/or testing   | _____   | _____                   | _____                 |
| Alarm installation                                      | _____   | _____                   | _____                 |
| Alarm monitoring  | _____   | _____                   | _____                 |
| Grease cleaning   | _____   | _____                   | _____                 |
| Other   | _____   | _____                   | _____                 |
| Retail sales of equipment                               | _____   | _____                   | _____                 |
| Sales: 1st yr _____ 2nd yr. _____ 3rd yr prior _____    |         |                         |                       |
8. Indicate percentage of business for all Fire Suppression/Extinguisher Operations  
COMMERCIAL \_\_\_\_\_% INDUSTRIAL \_\_\_\_\_% INSTITUTIONAL \_\_\_\_\_% RESIDENTIAL \_\_\_\_\_%
  9. Does the applicant fill any type of oxygen tanks? ☐ Y ☐ N
  10. Does the applicant have a separate retail sales operation? ☐ Y ☐ N If yes, what are the retail receipts? \$ \_\_\_\_\_
  11. Describe applicant's training program for technicians and or service personnel: \_\_\_\_\_  
\_\_\_\_\_
  12. Describe screening procedures for prospective employees: \_\_\_\_\_  
\_\_\_\_\_
  13. Is the applicant a member of any professional associations? ☐ Y ☐ N If yes, please describe: \_\_\_\_\_
  14. Does the applicant utilize outside firms for design work? ☐ Y ☐ N If yes, what percentage of total design? \_\_\_\_\_%
  15. a. Is the applicant or any employees NICET Level III or above certified? ☐ Y ☐ N If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b. What other certifications are held by applicant or employees in lieu of NICET certificate?  
\_\_\_\_\_  
\_\_\_\_\_
  16. If applicant does or has done retrofit and/or tenant improvement work, please describe type of occupancy, # of stories, reason for retrofit, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Other Activities

17. What percentage of the insured's operations is retrofitting? \_\_\_\_\_%

If retrofit work is done:

18. a. How does applicant protect their workers from exposure to asbestos? \_\_\_\_\_

b. Do the job proposals include an asbestos clause allowing for the removal of asbestos prior to work completion?

☐ Y ☐ N

19. Does the insured use PVC or CPVC piping? ☐ Y ☐ N If yes, what percentage of their installations are PVC or CPVC? \_\_\_\_\_%

How long do they allow for curing? \_\_\_\_\_

20. Does the applicant manufacture any fire protection equipment? ☐ Y ☐ N

21. Does the applicant sell any type of protective clothing or life support equipment? ☐ Y ☐ N If yes, please describe: \_\_\_\_\_

22. Does the applicant deal exclusively with one manufacturer? ☐ Y ☐ N If no, does the applicant sell and service a variety of fire extinguishing equipment with the manufacturers warranting products and new equipment ☐ Y ☐ N

23. List all suppliers and/or manufacturers of the product(s) you install: \_\_\_\_\_

24. Do you have a Broad Form Vendors Endorsement from each manufacturer? ☐ Y ☐ N

25. Are the products used in conjunction with your business manufactured in the United States? ☐ Y ☐ N

26. Does the applicant offer any type of service contract? ☐ Y ☐ N If yes, please attach a copy.

27. Are records maintained on all service, repair and/or testing performed? ☐ Y ☐ N

28. Does the insured install fire hydrants? ☐ Y ☐ N

If yes, is the insured installing the hydrants or hooking up water supplies to them? \_\_\_\_\_

## Quality And Safety Controls

29. Are shop drawings for sprinkler system installations prepared by the insured? ☐ Y ☐ N If yes, describe how such drawings are checked for compliance with the specifications of the system: \_\_\_\_\_

30. Is there a procedure when a system impairment is found or created ☐ Y ☐ N If yes, please explain: \_\_\_\_\_

31. How does the field supervisor assure quality? (such as checklists, daily visits) \_\_\_\_\_

32. Are inspections and test certificates documented in the permanent job file? ☐ Y ☐ N How long are records retained? \_\_\_\_\_

33. Who at the applicant's firm verifies at job completion that all work complies with NFPA standards? \_\_\_\_\_

34. What specific warranties do you give on an outright sale? \_\_\_\_\_

35. Total # of employees \_\_\_\_\_ Full Time

\_\_\_\_\_ Part Time

## Current Insurance Information

- (year) \_\_\_\_\_
1. CARRIER \_\_\_\_\_  
 PREMIUM \_\_\_\_\_  
 DED/SIR \_\_\_\_\_
2. INCEPTION DATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_
3. LIMIT OF LIABILITY \$ \_\_\_\_\_ OCCURRENCE FORM? \_\_\_\_\_  
 CLAIMS MADE FORM? \_\_\_\_\_
4. HAS ANY COMPANY CANCELLED OR DECLINED TO RENEW? \_\_\_\_\_  
 IF YES, EXPLAIN \_\_\_\_\_

### CLAIM INFORMATION

5. DO YOU REQUIRE STAFF TO REPORT ALL UNUSUAL INCIDENTS AND ARE ALL INCIDENT REPORTS REVIEWED BY MANAGEMENT? YES \_\_\_\_\_ NO \_\_\_\_\_
6. HAVE THERE BEEN ANY CLAIMS OR LAWSUITS IN THE LAST 3 YEARS?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, GIVE DETAILS BELOW:

DATE OF LOSS	AMOUNT PAID OR RESERVED	DESCRIPTION OF INCIDENT (ATTACH SEPARATE SHEET IF NEEDED)
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7. DO YOU HAVE ANY KNOWLEDGE CONCERNING ANY INCIDENTS THAT HAVE OCCURRED PRIOR TO THE DATE OF THIS APPLICATION WHICH MAY GIVE RISE TO A FUTURE CLAIM? \_\_\_\_\_ IF YES, PLEASE GIVE DETAILS: \_\_\_\_\_


**NOTICE TO APPLICANTS: THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLELY ON THE INFORMATION PROVIDED. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME. BY SIGNING THIS APPLICATION, THE SIGNOR WARRANTS THAT TO THEIR BEST KNOWLEDGE ALL INFORMATION GIVEN IS TRUE AND ACCURATE.**

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

## **FIDELITY BOND APPLICATION**

1. Do you have an audited financial statement prepared annually? \_\_\_\_\_
2. Are internal financial statements prepared? \_\_\_\_\_ If yes, how often are they reviewed by the owner? \_\_\_\_\_
3. Describe your "Separation of Duties" and "Countersignature" procedures. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Do you perform "Credit Checks" on your employees? \_\_\_\_\_
5. Indicate the number of employees who handle, have custody or maintain records of money, securities or other property. \_\_\_\_\_  
\_\_\_\_\_
6. List all Crime/Fidelity Losses in the last three years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Please indicate the coverages, limits and deductibles desired: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. List any qualified benefit plans: \_\_\_\_\_  
\_\_\_\_\_
9. Are you interested in Fiduciary Liability Coverage? \_\_\_\_\_ If yes, please attach Form 5500's for each plan to be covered.
10. Current Fidelity Carrier? \_\_\_\_\_ Premium? \_\_\_\_\_  
Limits? \_\_\_\_\_ Deductible? \_\_\_\_\_

DESIGN
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Do you provide own system design?      ☐ Yes      ☐ No

Do you provide design work for others?      ☐ Yes      ☐ No

**Annual Volume Per Construction**

Contracts New Construction	+	Contracts Retrofit	+	Service – Renovations	+	Inspections and Testing	=	Total Sales/Revenue (Past Year)

**Annual Volume Per Occupancy**

Institutional (schools, hotels, hospitals)	+	Commercial (offices, mercantile)	+	Residential (apartments, houses)	+	Manufacturing	=	Total Sales/Revenue (Past Year)