

**FIRE SPRINKLER AND FIRE SUPPRESSION QUESTIONNAIRE**

1. PLEASE CAREFULLY READ THE STATEMENTS AT THE END OF THIS APPLICATION.
2. Answer ALL questions. If the answer to any question is "None", please state "None".
3. Application must be signed and dated by owner, partner or officer, and the Producing Agent.
4. Attach all necessary documentation.

**APPLICANT INFORMATION:**

Named Insured: \_\_\_\_\_

Location Address: \_\_\_\_\_

Internet Website: \_\_\_\_\_

Years in business: \_\_\_\_\_ Years' experience in the Industry: \_\_\_\_\_

Insured Contractor License No.: \_\_\_\_\_ FEIN: \_\_\_\_\_

Any Industry Association Memberships?                      Yes      No

If "Yes", list name and/or chapter: \_\_\_\_\_

States you perform work in? \_\_\_\_\_

**COMPANY DESCRIPTION:**

Description of Operations: (Please describe the nature and scope of your operations)  
 \_\_\_\_\_  
 \_\_\_\_\_

Indicate the type of Work performed: (Below should total 100%)

Wet System Installation _____%	Foam System Installation _____%
Dry System Installation _____%	Chemical Based Installation _____%
Inspection & Testing _____%	Alarm Installations _____%

Indicate the percentage of Work Performed below:

**OPERATIONS:**

New Installations \_\_\_\_\_%  
 Retro/Renovations \_\_\_\_\_%  
 Systems Design \_\_\_\_\_%  
 Service/Repair \_\_\_\_\_%  
 Inspection/Testing \_\_\_\_\_%  
 Alarm Installation \_\_\_\_\_%  
 Alarm Monitoring \_\_\_\_\_%  
 100%

**CLIENT TYPE:**

Commercial \_\_\_\_\_%  
 Institutional \_\_\_\_\_%  
 Industrial \_\_\_\_\_%  
 Apartments \_\_\_\_\_%  
 Single Family \_\_\_\_\_%  
 Condominiums \_\_\_\_\_%  
 Tract Housing \_\_\_\_\_%  
 Custom Home \_\_\_\_\_%  
 Hospitals \_\_\_\_\_%  
 100%

**GENERAL LIABILITY:**

1. Does the applicant perform, or has performed any work on aircraft, automobiles, mobile equipment, boats, yachts, petrochemical plants, refineries, or drilling rigs? Yes No
  
2. Does the applicant design fire suppression systems? Yes No
  - a. If Yes, what are the designer's qualifications:  NICET III  
 Professional Engineer  
 Other (Describe \_\_\_\_\_)
  
  - b. Does the applicant provide design services for other? Yes No
  
3. How does the applicant protect their employees from exposure to asbestos?  


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4. Does the applicant install &/or service any PVC or CPVC piping? Yes No
  - a. If yes, what % of installation are PVC or CPVC? \_\_\_\_\_%
  - b. Does the applicant adhere to the manufacture's cure time tables? Yes No
  - c. Is pressure testing as per the manufacture's specification? Yes No
  - d. Are all of the installers certified by the manufactures? Yes No
  - e. Is training or certifications renewed every 2 years? Yes No
  - f. Is the PVC or CPVC piping used for wet systems only? Yes No
  - g. Is the CPVC piping & fittings used in their original packaging? Yes No
  
5. Does the applicant manufacture any fire protection equipment? Yes No
  
6. Does the applicant sell any protective clothing or life support equipment? Yes No
  
7. Does the applicant do any trenching work? Yes No
  
8. Does the applicant subcontract any work? Yes No

If Yes, what percentage of operations is subcontracted? \_\_\_\_\_%
  
9. Describe any work subcontracted: \_\_\_\_\_
  
10. If subcontractors are used:  
Are all of the following "Transfer of Risk" criteria in place? Yes No
  - Obtain current Certificates of Insurance from all Subcontractors
  - Named as an Additional Insured on all Subcontractors policies
  - Require that all Subcontractors carry primary limits equal to or greater than their own
  - Uses written Subcontractor Agreements containing Hold Harmless/Indemnity Clause that are in favor of the Insured
  - Contract needs to be reviewed by legal counsel or the Insurance Agent
  - Have a diary system in place to track
  
11. Any jobs covered by wrap-up coverage/OCIP? Yes No

**LOSS HISTORY:**

- Please attach 4 years currently valued hard copy loss runs.
- Loss runs must be valued within 90 days of the proposed coverage effective date.

**SAFETY & QUALITY CONTROL:**

- |                                                                                         |     |    |
|-----------------------------------------------------------------------------------------|-----|----|
| 1. Is there a formal written Safety Program in effect?                                  | Yes | No |
| 2. Are Regular safety meetings conducted?                                               | Yes | No |
| a. If Yes, how often? _____                                                             |     |    |
| 3. Is there a Safety Committee that meets regularly?                                    | Yes | No |
| 4. Is personal protective equipment provided?                                           | Yes | No |
| 5. Is there a formal Safety Training Program for employees?                             | Yes | No |
| 6. Is the Safety Training documented & signed by employees?                             | Yes | No |
| 7. Are employees given written warnings after violating safety rules?                   | Yes | No |
| 8. Is a personnel file kept on each employee?                                           | Yes | No |
| 9. Is there an Accident Investigation Program?                                          | Yes | No |
| 10. Are all jobs preplanned or inspected prior to work being done?                      | Yes | No |
| 11. Describe the procedure for when there is a system impairment found or created:      |     |    |
| _____                                                                                   |     |    |
| 12. Are records maintained on all service, repair, and/or testing performed?            | Yes | No |
| 13. If yes, are certificates documented in permanent job file?                          | Yes | No |
| 14. How long are records maintained? _____                                              |     |    |
| 15. At job competition, who verifies all work complies with NFPA standards?             |     |    |
| _____                                                                                   |     |    |
| 16. Are job sites closed off to the public?                                             | Yes | No |
| 17. Are employees trained in electrical hazard awareness?                               | Yes | No |
| 18. Describe the applicant's training program for technicians and/or service employees: |     |    |
| _____                                                                                   |     |    |
| _____                                                                                   |     |    |
| 19. Describe screening procedures for potential new hires:                              |     |    |
| _____                                                                                   |     |    |
| _____                                                                                   |     |    |
| 20. Any OSHA Violation?                                                                 | Yes | No |
| If Yes, describe: _____                                                                 |     |    |
| _____                                                                                   |     |    |

**Describe the largest projects you have performed in the past 5 years:**

<u>Project Location</u>	<u>Nature of Work</u>	<u>Contract Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Describe the largest project you are now performing:**

<u>Project Location</u>	<u>Nature of Work</u>	<u>Contract Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE COMPLETE THIS SECTION FULLY – THIS INFORMATION IS REQUIRED**

**PROJECTED OPERATION EXPOSURES:**

<b>Operations</b>	<b>Payroll</b>	<b>Receipts</b>
Fire Sprinkler Installation, Service, &/or Repair		
Dry Chemical &/or Halon		
Hood/Duct & Grease Cleaning		
Alarm Installation		
Alarm Monitoring		
Design &/or Draftsmen		
Clerical		
Other (describe) _____		
Retail Equipment Sales (describe) _____		

**Prior Carrier:** \_\_\_\_\_ **Expiring GL Premium:** \_\_\_\_\_

<b>Policy Term:</b>	<b>EXPIRING</b>	<b>2<sup>ND</sup> PRIOR</b>	<b>3<sup>RD</sup> PRIOR</b>	<b>4<sup>TH</sup> PRIOR</b>
<b>Premium:</b>				
<b>Payroll:</b>				
<b>Sub-Costs:</b>				
<b>Receipts:</b>				

Has any lawsuit ever been filed, or any claim otherwise been made against your company, or any partnership or joint venture of which you have been a member, or your company predecessors in business, or against any person, company or entities on whose behalf your company has assumed liability? Yes No

If "Yes", please explain:

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Is your company aware of any facts, circumstances, incidents, situations, damages or accidents (including, but not limited to faulty or defective workmanship, product failure, construction dispute, and property damage or construction worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? Yes No

If "Yes", please explain:

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## CYBER COVERAGE INSURANCE

**Limits of Insurance:** Coverage, if approved, will include Third Party Cyber Liability, First Party Privacy Breach Expense, and Regulatory Proceeding Claim Expense (read policy for coveragespecifics).

### 1. Network SecurityInformation

- |                                                                                                                                                   |       |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------|
| a) Do you have an individual dedicated to managing your website and network security?<br>If yes, name andtitle. _____                             | Yes   | No                           |
| b) Do you utilize encryption for data stored and transmitted?<br>If no, attach description of security procedures used to protect data you store. | Yes   | No                           |
| c) Is vendor or customer information stored on mobile devices or portable computers?                                                              | Yes   | No                           |
| d) Do you use a "cloud" service through a Third-Party Vendor to store vendor or customer information?                                             | Yes   | No                           |
| e) Is there a formal policy regarding use or safekeeping of the mobile devices or portable computers?                                             | Yes   | No                           |
| f) Do you have a firewall?                                                                                                                        | Yes   | No                           |
| g) How often do you run anti-virus software?                                                                                                      | Daily | Weekly<br>Greater thanWeekly |

### 2. Loss/IncidentInformation

- |                                                                                                                                                                        |     |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| a) Have you experienced a loss under the coverages applied for in the last five years?<br>If yes, attach description and amount of loss.                               | Yes | No |
| b) Have you experienced a security breach or data loss in the last five years?<br>If yes, attach description of security breach or data loss.                          | Yes | No |
| c) Have you received any complaints about website content in the last five years?<br>If yes, attach description and resolution of complaint.                           | Yes | No |
| d) Are you aware of any circumstances or incidents which could result in a loss under the coverages applied for in the last five years?<br>If yes, attach explanation. | Yes | No |

### 3. PriorCoverage

- |                                                                                                                                                                                                                                                                               |                        |                |                |                |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------|----------------|----------------|--|--|
| a) Have you ever had insurance for the coverages applied for?<br>If yes, list coverage, period and Insurer:                                                                                                                                                                   | Yes                    | No             |                |                |  |  |
| <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><u>Coverage Period</u></td> <td style="width: 25%;"><u>Insurer</u></td> <td style="width: 25%;"><u>Limits</u></td> <td style="width: 25%;"><u>Premium</u></td> </tr> </table> | <u>Coverage Period</u> | <u>Insurer</u> | <u>Limits</u>  | <u>Premium</u> |  |  |
| <u>Coverage Period</u>                                                                                                                                                                                                                                                        | <u>Insurer</u>         | <u>Limits</u>  | <u>Premium</u> |                |  |  |

## EXCESS/UMBRELLA SUPPLEMENTAL

1. Complete this section if excess limits are needed, otherwise proceed to Page 7.
2. Answer ALL questions. If the answer to any question is "None", please state "None".
3. Attach copies of the underlying Auto policy/quote/binder showing unit count and premiums per unit.

### LOSS HISTORY:

- Please attach 4 years currently valued hard copy loss runs for the underlying Auto & Workers Compensation.
- Loss runs must be valued within 90 days of the proposed coverage effective date.

### **Product and Installation questions:**

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Does the Insured install or contract to another entity to install hardboard siding (i.e. manufactured by Masonite, IP, LP, GP, ABTCO, Weyerhaeuser, etc.)? | Yes | No |
| 2. Does the Insured install or contract to another entity to install EIFS (i.e. manufactured by Dryvit, Sto, Senergy, Thoro, Parex, USG, Apache, etc.)?       | Yes | No |
| 3. Has the Insured ever installed Polybutylene Pipe?                                                                                                          | Yes | No |
| 4. Has the Insured ever been involved in any Construction Defect Lawsuits?                                                                                    | Yes | No |

### **Work Type questions:**

- |                                                                                                                                                    |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Does the Insured do any Structural Steel or Structural Concrete work?                                                                           | Yes | No |
| 2. Any Gas Main work?                                                                                                                              | Yes | No |
| 3. Any Boiler work?                                                                                                                                | Yes | No |
| 4. Any Leasing/Renting of Cranes and /or Scaffolding to/from others?                                                                               | Yes | No |
| a. If Yes, is it With or Without Operators? _____ With _____ Without                                                                               |     |    |
| 5. Any Bridge, Airport, (Aprons, Taxiways, Runways), Dam or Dike work, Blasting, Demolition, Pile Driving, Tunneling, or work in Ships or Tankers? | Yes | No |
| If yes, please provide complete details: _____                                                                                                     |     |    |

### **Safety Information:**

- |                                                                                     |     |    |
|-------------------------------------------------------------------------------------|-----|----|
| 1. How is the worksite protected? _____                                             |     |    |
| 2. Is there a jobsite supervisor at all times?                                      | Yes | No |
| a. If yes, provide name: _____                                                      |     |    |
| 3. Does the insured do accident investigations?                                     | Yes | No |
| 4. Does the insured have a safety director on staff? _____ Yes No                   |     |    |
| 5. Does the insured adhere to all OSHA standards and promote a safe work workplace? | Yes | No |

**Automobile Information:**

**Vehicle Fleet Unit Count:**                      **# of Drivers:** \_\_\_\_\_

Private Passenger:	Extra Heavy Truck:
Light Truck:	Heavy Truck/ Tractor:
Medium Truck:	Extra Heavy Truck/Tractor:
Heavy Truck:	Trailers:

1. MVR's checked prior to hire and monitored on a regular basis? Yes    No
2. What are vehicles used for? \_\_\_\_\_
3. What is the radius traveled? \_\_\_\_\_
4. Are all vehicles operated solely owned and registered by the applicant? Yes    No
5. What percentage of employees will use their own autos in the business? \_\_\_\_\_%
6. Are any vehicles leased to others? Yes    No
7. Are any of the vehicles customized, altered, or have special equipment? Yes    No
8. Do the applicant's operations involve the transporting of hazardous materials? Yes    No
9. Are any of the vehicles used by family members or non-employees? Yes    No
  - a. If Yes, please describe: \_\_\_\_\_
10. Is there a vehicle maintenance program in place? Yes    No
11. Does the applicant have a formal specific driver recruiting method? Yes    No
12. Are any drivers not covered by Workers Compensation? Yes    No
13. Are there any autos owned by not scheduled under the Auto policy? Yes    No

Will you commit to participation in the Claims Assistance Program? \_\_\_\_\_\*  
(\*Required to participate in this program)

Information provided by the named Insured to the Claims Assistance Program will be kept in strict confidence and can only be released to the Insurance carrier's claims adjuster related to a specific claim reported by the above noted named insured. This information will not be released without the express written consent of the named insured or the insured's agent, unless ordered to do so by court processes. In the event any records are subpoenaed the insured will be notified immediately.

The undersigned applicant warrants the above statements and particulars, together with any attached or appended documents or materials ("this application"), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the applicant authorizes the Company, as administrative and servicing manager, to make any investigation and inquiry in connection with the Application as it may deem necessary.

The applicant agrees to notify the Company of any material changes in the answers to the questions on this application which may arise, prior to the effective date of the policy issued pursuant to this Application, and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at sole discretion of the Company.

Notwithstanding any of the foregoing, the Applicant understands that the Company is not obligated nor under any duty to issue a policy of insurance based upon this information. The Applicant further understands that if a policy is issued, the Application will be incorporated into and form a part of such policy.

Applicant's Signature: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

Applicant's Title: \_\_\_\_\_ Date: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER OR THE PROGRAM MANAGER TO COMPLETE THE INSURANCE.**