

14. Indicate percentage of:

Operations		Client Base	
New Installations	%	Commercial	%
Retrofit/Renovations:		Institutional	%
Occupied	%	Industrial	%
Unoccupied	%	Apartments	%
Vacant	%	Single Family	%
Design	%	Condos	%
Service/Repair	%	Tract Housing	%
Inspection/Testing	%	Custom Homes	%
Total	100%	Hospitals	%
		Penal Institutions	%
		Theaters >100 seating	%
		Restaurants	%
		Total	100%

15. Does the applicant install, service and/or repair fire suppression systems aboard aircrafts, automobiles, mobile equipment, boats or yachts? Yes No
 If yes, please describe: _____

16. Does the applicant fill any type of oxygen tanks? Yes No

17. Does the applicant design sprinkler systems or extinguisher systems? Yes No
 a. If yes, what qualifications do the designers have: NICET III PE (Professional Engineer)
 Other (please describe): _____

b. Does the applicant provide design work for others? Yes No

18. Does the applicant do any retrofit and/or tenant improvement work on residential properties? Yes No
 If yes, what percentage? _____ %

19. How does the applicant protect their workers from exposure to asbestos? _____

20. Do the job proposals include an asbestos clause allowing for the removal of asbestos prior to work completion? Yes No

21. Does the applicant use PVC or CPVC piping? Yes No
 a. If yes, what percentage of their installations are PVC or CPVC? _____ %
 b. Does the insured strictly adhere to the manufacturer's cure times? Yes No
 c. Is pressure testing completed according to the manufacturer's specifications? Yes No
 d. Are all installers properly certified by the applicable manufacturers? Yes No
 e. Are training or certifications renewed every 2 years? Yes No
 f. Is CPVC/PVC piping used in wet sprinkler systems only? Yes No
 g. Does the insured use CPVC piping and fittings that are in their original packaging? Yes No
 h. Where is the CPVC/PVC piping stored? _____

22. Does the applicant manufacture any fire protection equipment? Yes No

23. Does the applicant sell any type of protective clothing or life support equipment? Yes No
 If yes, please describe: _____

24. Does the applicant do any trenching work? Yes No

25. Describe applicant's training program for technicians and/or service personnel: _____

26. Describe screening procedures for prospective employees: _____

27. Is the applicant a member of any professional associations? Yes No
 If yes, please describe: _____

28. Does the applicant perform any work within the 5 Boroughs of New York? Yes No
 If yes, what percentage: _____ %

QUALITY & SAFETY CONTROLS

1. Are shop drawings for sprinkler system installations prepared by the applicant? Yes No
 If yes, describe how such drawings are checked for compliance with the specifications of the system: _____

2. Is there a procedure when a system impairment is found or created? Yes No
 If yes, please explain: _____

3. How does the field supervisor assure quality (i.e. checklists, daily visits etc.)? _____

4. Are records maintained on all service, repair, and/or testing performed? Yes No
 a. If yes, are inspections and test certificates documented in the permanent job file? Yes No
 b. How long are records retained? _____

5. Who at the applicant's firm verifies at job completion that all work complies with NFPA standards? _____

6. What specific warranties do you give on an outright sale? _____

7. Total Number of Employees:

	Full-Time	Part-Time
Employees (other)		
Field Employees		
Total		

Additional Coverages (Check all that apply):

Additional Insureds: Individual Blanket
 Waiver of Subrogation: Individual Blanket
 Primary Wording: Individual Blanket

Per Project Aggregate Employee Benefits Liability Stop Gap Hired/Non-Owned Auto

CURRENT GENERAL LIABILITY INFORMATION

1. Please provide name of carriers, premiums paid, limits, sales, deductibles, and loss runs for the past 5 years.

	YR: _____	YR: _____	YR: _____	YR: _____	YR: _____
Carrier					
Premium					
Payroll					
Deductible					
Losses					

2. Has any company canceled or declined to renew in the past 5 years? Yes No
 If yes, please explain: _____

3. Has the applicant ever had a lapse in coverage? Yes No
 If yes, please explain: _____

CLAIM INFORMATION

1. Make sure to attach 5 years of currently valued loss runs. (Valued no more than 3 months from date of application.)
2. Does Applicant require staff to report all unusual incidents and are all incident reports reviewed by management? Yes No
3. Does Applicant have any knowledge concerning any incidents that have occurred prior to the date of this application that may give rise to a future claim? Yes No

ALL RISKS, LTD.

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 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.

Name (type or print)	Signature	Date
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NOTICE TO PRODUCERS: THE PRODUCER HEREBY WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

Name (type or print)	Signature	Date	License Number
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Please complete below if requesting Auto, Umbrella, or Workers' Compensation coverage.

- | | |
|---|--|
| a. Are applicants' MVRs reviewed upon hire and annually thereafter? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Are standards for acceptable drivers in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Is an action plan in place if acceptability standards are not met? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Are all drivers between 21 and 70 years old? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. If over 70, are medical certificates stating that, he/she has no medical issues that would preclude him/her from driving, available? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Does the insured have an acceptable Fleet Safety Program in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Is a Vehicle Maintenance Program in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Is personal usage of vehicles allowed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. Does the insured have a written personal use policy in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j. Is the original cost new of all vehicles less than \$75,000? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered "No" to any of the above, please explain: _____

UMBRELLA QUESTIONNAIRE

Please complete only if requesting umbrella coverage.

***ACORD Application & 5 Years of Auto Loss Runs required for Umbrella coverage.*

1. With the exception of lienholders, are any vehicles not solely owned by and registered to the applicant? Yes No
2. Do over 50% of the employees use their autos in the business? Yes No
3. Are any vehicles leased to others? Yes No
4. Are any vehicles customized, altered or have special equipment? Yes No
5. Do operations involve transporting hazardous material? Yes No
6. Are any vehicles used by family members or non-employees? Yes No
7. Does the applicant have a specific driver recruiting method? Yes No

If you answered "Yes" to any of the above questions, please explain: _____

WORKERS' COMPENSATION

Information Required with Submission (Please attach):

- ACORD Workers' Compensation Application
- 5 Years Currently Valued Loss Run Statements
- Experience Modification Worksheet
- Risk Identification Number for the NCCI or Appropriate State Rating Bureau or State Fund

1. Is the current coverage now in Assigned Risk, State Fund or Voluntary Market? Yes No

2. Has any insurance carrier canceled or refused to renew within the past 3 years? Yes No

If yes, please explain: _____

3. Employee Benefits Program: Group Medical 401k Other: _____

4. Do you have a transitional duty (light duty) program? Yes No

If yes, please describe: _____

5. Who is responsible for safety? _____

6. Do you have a formal safety committee? Yes No

If yes, how frequently does it meet and who attends? _____

WC WAIVER OF SUBROGATION

Blanket Individual

Please provide the names, addresses & class codes/payroll of all contracts requiring an individual waiver of subrogation.
