|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Account Name** | |  | | | | **Producer Name** | | |  | | | | | | |
| **Account Contact Name** | |  | | | | **Producer Email Address** | | |  | | | | | | |
| **Account Web Site Address** | |  | | | | **Account Email Address** | | |  | | | | | | |
|  | |  | |  | | | | | |  | | | | | |
| **Are you a member of a National Association?** | | **If yes, which one?** | |  | | | | | | **Date Completed** | |  | | |
| Yes  No | |
|  | | |  | | |  | | | | | |  | | | |
| **What is the Federal Tax ID Number?** | | |  | | | **Number of years in business** | | | | | |  | | | |
| **\*\*\*\*\*PLEASE ATTACH A LIST OF THE RISK’S JOBS (JOB LIST) FOR THE LAST THREE TO FIVE YEARS\*\*\*\*\*** | | | | | | | | | | | | | | | |
| **Eligible classifications:**  The program includes the following primary classification, but does not limit the use of other incidental classifications which may be appropriate to the individual risk. | | | | | | | | | | | | | | | |
| **Description** | | | | | **SIC Code** | | **General Liability** | | | | **Workers Compensation** | | | | |
| Fire Suppression Systems – Installation, Servicing or Repair | | | | | 1711-7 | | 94381 | | | | 5188 | | | | |
| **Eligibility**  (Definitions of *Italicized* terms are provided at the end of the supplement) | | | | | | | | | | | | | | | |
| 1. Does the account have at least $100,000 payroll assigned to the installation, servicing or repair of fire suppression systems? If **no**, the account is **ineligible**. | | | | | | | | | | | | Yes  No | | | |
| 2. Does the account have a formal written Water Damage Prevention Program?  Please Describe:   * Retain documentation with each file, * Sign off sheets from owner / GC on design, * Delivery of NFPS 25 pamphlet, * Final inspection and acceptance sign off from owner / GC per NFPA 25, etc. | | | | | | | | | | | | Yes  No | | | |
|  | | | | | | | | | | | | | | | |
| If **No**, this account is **ineligible**.  3. Do you use a tagging system (red tag) when performing on a system or taking a system offline?  Yes  No | | | | | | | | | | | | | | | |
| 4. What percent of the risk’s operations emanate from the installation, servicing or repair of water based extinguishing systems within the following four categories:   1. *Category I – Wet Pipe System* 2. *Category II – Dry Pipe System Under Air Pressure* 3. *Category III – Pre Action Systems* 4. *Category IV – Deluge Systems*   If the total is **<51%,** the account is **ineligible**. | | | | | | | | | | | | %  %  %  % | | | |
| 5. What Percent of the risk’s operations emanate from the following:   1. New installation work 2. Retrofit work 3. Rehab/renovation work 4. Service / Repair | | | | | | | | | | | | %  %  %  % | | | |
| Does the insured perform any of the following operations? | | | | | | | | | | | |  | | | |
| 1. Installation, servicing or repair of any systems on aircraft, watercraft, or vehicle? | | | | | | | | | | | | Yes  No | | | |
| 1. Installation, servicing or repair of chemical-based extinguishing systems, including high expansion foam   systems, other than clean agent (halon)? | | | | | | | | | | | | Yes  No | | | |
| 1. Installation, servicing or repair of clean agent (halon) systems >25% of total operations? | | | | | | | | | | | | Yes  No | | | |
| 1. Alarm system sales or installation other than the mechanical installation of parts within the sprinkler system   (e.g., a water flow detection device)? | | | | | | | | | | | | Yes  No | | | |
| 1. Manufacturers or distributors of automatic sprinkler heads, valves, gauges, pumps, alarms or detection   systems? | | | | | | | | | | | | Yes  No | | | |
| 1. Sale, installation, servicing or repair of fire extinguishers, ansul-type systems or any other type of packaged   or pre-engineered suppression equipment >25% of total operations? | | | | | | | | | | | | Yes  No | | | |
| 1. Inspection, testing or certification of systems not installed by the insured >15% of total operations? | | | | | | | | | | | | Yes  No | | | |
| If **Yes** to any of the above the account is **ineligible**. | | | | | | | | | | | | |  | | |
| 1. Do the individuals performing design, inspection, testing and/or certification work have a Professional Engineer (P.E.) designation or the National Institute for Certification in Engineering Technologies (NICET) Level III or above? | | | | | | | | | | | | Yes  No | | | |
| If **No,** describe the qualifications of the individual(s) doing this work. | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | |
| 1. Have any professional liability claims been made against the insured due to systems they designed, inspected, tested or certified? | | | | | | | | | | | | Yes  No | | | |
| 1. If **Yes**, please provide the claim details, including date of loss, amount of claim, nature of claim, project description, current status, etc. | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 6. Risk is operating as: | | | | | | | | | | | | | | | |
| General Contractor % | | | Prime Contractor % | | | | | | | Subcontractor % | | | | | |
|  | | | | | | | | | | | | | | | |
| 7. Indicate the **average** percentage of the risk’s TOTAL payroll or sales **during the past 5 years** for the following: | | | | | | | | | | | | | | | |
| Percentages based on: (Check One) | | | | | | | | | | Payroll  Sales | |  | | | |
| **COMMERCIAL WORK** | | | | | | | | | | | | % | | | |
| **INDUSTRIAL WORK** | | | | | | | | | | | | % | | | |
| ***HABITATIONAL WORK –*** Please complete if the risk does any habitational work. | | | | | | | | | | | | | | | |
| **HABITATIONAL WORK BREAKDOWN** | | | | **% NEW or MAJOR REHAB/ RENOVATION** | | | | **+** | | **% SERVICE OR MAINTENANCE** | | **=** |  | | |
| CONDOMINIUMS (High And Low Rise) | | | | % | | | | + | | % | | = | % | | |
| MULTI-FAMILY OWNED DEVELOPMENTS (including townhouses) | | | | % | | | |  | | % | | = | % | | |
| TRACT HOUSING | | | | % | | | |  | | % | | = | % | | |
| TRIPLEXES AND DUPLEXES | | | | % | | | |  | | % | | = | % | | |
| APARTMENTS | | | | % | | | |  | | % | | = | % | | |
| Other | | | | % | | | |  | | % | | = | % | | |
| **OTHER WORK: PLEASE DESCRIBE** | | | | | | | | | | | | % | | | |
| **TOTAL** (THE TOTAL SHOULD EQUAL 100%) | | | | | | | | | | | | % | | | |
|  | | | | | | | | | | | |  | | | |
| 8. Does the risk have any future plans related to work involving apartments, condos, townhouses, tract homes, custom homes or homes of unusual design? | | | | | | | | | | | | Yes  No | | | |
| If Yes, please describe: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 9. List the states the insured worked in during the last 5 years. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 10. Has the risk ever installed or have any future plans involving the installation of EIFS? | | | | | | | | | | | | Yes  No | | | |
| 11. Has the risk ever been named in claims and/or litigation regarding faulty or defective construction or workmanship, including claims due to subsidence issues or use of EIFS? | | | | | | | | | | | | Yes  No | | | |
| 12. Does the risk have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action? | | | | | | | | | | | | Yes  No | | | |
| If Yes, please describe: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| If the answers to questions **9, 10, 11** are **Yes**, please discuss the risk with your underwriter. | | | | | | | | | | | |  | | | |
| 13. A. Any current or past involvement with wrap-up / OCIP? | | | | | | | | | | | | Yes  No | | | |
| B. Any residential wrap-ups? | | | | | | | | | | | | Yes  No | | | |
| 14. Does the risk have a quality control program? | | | | | | | | | | | | Yes  No | | | |
| If Yes, is it  informal or Documented | | | | | | | | | | | | | | | |
| 14. Does the risk retain job files? | | | | | | | | | | | | Yes  No | | | |
| If yes, how long are they retained? | | | | | | | | | | | |  | | | |
| 15. Cost of Work Subcontracted: (if none, skip to question 17) | | | | | | | | | | | | $ | | | |
| List the types of work subcontracted: | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | |
| 1. Does the risk obtain Certificates of Insurance from all subcontractors? | | | | | | | | | | | | Yes  No | | | |
| 1. Is the risk named as an additional insured on all subcontractor insurance policies? | | | | | | | | | | | | Yes  No | | | |
| 1. Does the risk require all subcontractors to carry primary liability limits equal to their own? | | | | | | | | | | | | Yes  No | | | |
| 1. Does the risk use written subcontractor agreements containing hold harmless / indemnity agreements in factor of the risk? | | | | | | | | | | | | Yes  No | | | |
| 16. Indicate the types of subcontractor agreements the risk typically signs: | | | | | | | | | | | |  | | | |
| Standard (AGC, AIA contracts) Custom Other | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | |  | | | |
| **Please complete if umbrella is needed.** | | | | | | | | | | | |  | | | |
| 17. Does the insured allow anyone to take vehicles home? | | | | | | | | | | | | Yes  No | | | |
| If so, who and how many? | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | |  | | | |
| 18. Do they have written guidelines on personal use of company vehicles? | | | | | | | | | | | | Yes  No | | | |
| 19. Do they allow family members to drive the company cars? | | | | | | | | | | | | Yes  No | | | |
| 20. Do they report personal usage as additional income? | | | | | | | | | | | | Yes  No | | | |

**HISTORICAL EXPOSURE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Expiring Year** | **1st Prior Year** | **2nd Prior Year** | **3rd Prior Year** | **4th Prior Year** |
| **Term** |  |  |  |  |  |
| **Premium** |  |  |  |  |  |
| **General Liability Payroll** |  |  |  |  |  |
| **Receipts** |  |  |  |  |  |

**Additional Questions:**

|  |  |  |
| --- | --- | --- |
| Does the insured have a New Hire Orientation Program with pre-physicals, drug screening, etc.? | | Yes  No |
| Are safety meetings held on a quarterly basis with attendance by managers and employees with attendance records kept? | | Yes  No |
| If less than quarterly records kept, how often? |  | |
| If subs are hired, are all contracts reviewed by legal counsel or the insurance agent? | | Yes  No |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Is there a Diary System in place to track expiration dates of certificates of insurance? | | | | | | | | | | | | Yes  No | |
|  | | | | | | | | | | | |  | |
| What percentage of your work is CPCV | New | | % | | | | Retro or Repair | | | | | % | |
| Are all fitters trained on the various cure times for different size pipes? | | | | | | | | | | | | Yes  No | |
| How long do you let a “cut-in” cure for pipes? | | 1 ¼“ | |  | | | | 1 ½” |  | | 2” | |  |
|  | | | | | |  | | | | |  | | |
| Is the cure time adjusted for temperature?  Yes  No | | | | | Humidity?  Yes  No | | | | | Angle cut of pipe?  Yes  No | | | |
| Prior year number of employees | | | | | |  | | | | |  | | |
|  | | | | | |  | | | | |  | | |
| Current year number of employees | | | | | |  | | | | |  | | |

**HIRING PRACTIES**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | |  |
| 21. Do you check references for new hires? | | | Yes  No |
| 22. Do you conduct pre-employment drug testing? | | | Yes  No |
| 23. Do you conduct pre-employment physicals? | | | Yes  No |
| 24. Do you conduct pre or post-employment road tests for drivers? | | | Yes  No |
| **PRE-Loss Procedures** | | |  |
| 25. Do you have a Safety Director? | | | Yes  No |
| Do you have a formal Safety Program? | | | Yes  No |
| 26. If yes, how does Management support it? |  | | |
|  | | |  |
| 27. Do you have Safety Training? | | | Yes  No |
| If yes, what is the frequency of the training? | |  | |
| Is attendance mandatory? | | | Yes  No |
| Are they documented? | | | Yes  No |
| 28. Do you have tailgate safety meetings? | | | Yes  No |
| **Post-Loss Procedures:** | | |  |
| Do you have a Return-to Work Program? | | | Yes  No |
| If yes, is it written and formal? | | | Yes  No |

**MANAGEMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 30. What is your employee turnover ratio? |  | | | |
| **Employee Stability:** | | | | |
| 31. What is the average tenure of your employees? | Full time |  | Part time |  |
| 32. Do you use temporary employees? | | | | Yes  No |
| 33. Do you promote temporary employees to permanent? | | | | Yes  No |
| **Employee Relations** | | | |  |
| 34. Do you provide employee benefits? | | | | Yes No |
| 35. Do you subsidize the cost of benefits? | | | | Yes  No |
| 36. How does your pay scale compare with the industry in your locale? |  | | | |

**DEFINITIONS**

**Category I, Wet-Pipe Systems**. The sprinkler system piping is filled with water under pressure. Should a fire occur, the heat activates individual sprinkler heads. This type of system is used in parts of the country where there is minimal danger of the water in the pipes freezing.

**Category II, Dry-Pipe System Under Air Pressure.** Should a fire occur, heat reduces the pressure, allowing the clapper in the dry-pipe valve to release water into the piping through the sprinkler heads and onto the fire. This type of system is used in unheated warehousing, dock areas, refrigerated areas or locations where the water will probably freeze inside the piping.

**Category III, Pre-Action Systems.** These are dry-pipe systems in which the air in the piping may or may not be under pressure. Should a fire occur, a fire-detecting device in a protected area opens a valve, which permits the water to flow into the piping before the sprinkler head is activated. These systems are pre-engineered primarily to protect high-valued properties from water damage should the system malfunction.

**Category IV, Deluge Systems.** These are similar to pre-action systems, except that all sprinkler heads are open at all times. Should heat from a fire activate the fire-detecting device, water flows to and is discharged form all sparkler heads on the piping system, deluging the protected area. This type of system is used when the location contains highly combustible materials.

**EIFS:** Exterior Insulation Finishing Systems – multi-layered exterior wall systems (which resemble stucco in appearance) that are used on both commercial buildings and residential homes.

**General Contractor:** A contractor who subcontracts work to others in excess of 50% of their total receipts, exercises primary control of the job-site, and is named in the construction documents as the general contractor of record.

**Habitation Work:** Condominiums, duplexes, triplexes or townhouses.

**Prime Contractor:** Any contractor on a project having a contract directly with the owner.

**Subsidence**: Any movement of land or earth including: landslides; mudflow; earth sinking, rising, and shifting; collapse or movement of fill, earth settling, slipping, falling away, caving in, eroding or tilting; and earthquake.

**Wrap-up (OCIP):** A policy providing coverage(s) for all interests in a major construction project. Also known as an OCIP (Owner Controlled Insurance Program) or a CCIP (Contractor Controlled Insurance Program).

|  |  |
| --- | --- |
|  |  |
| **Producer’s Signature** | **Date** |
|  |  |
| **Applicant’s Signature** | **Date** |