

## Fire Suppression Application

**Complete in addition to ACORD 125 126 Applications**

<b>A. GENERAL INFORMATION</b>			
<b>1.</b> Applicant Name:		<b>2.</b> Years operating under this name:	
<b>3.</b> Operations:			
<b>3a.</b> Automatic sprinkler installation, service, and/or repair	Payroll: \$	Subcosts: \$	
<b>3b.</b> Dry Chemical/Halon/CO2	Payroll: \$	Subcosts: \$	
<b>3c.</b> Fire extinguisher servicing, refilling, and/or testing	Payroll: \$	Subcosts: \$	
<b>3d.</b> Hood cleaning	Payroll: \$	Subcosts: \$	
<b>3e.</b> Alarm installation	Payroll: \$	Subcosts: \$	
<b>3f.</b> Design	Payroll: \$	Subcosts: \$	
<b>3g.</b> Retail sales of equipment	Payroll: \$	Subcosts: \$	
<b>3h.</b> Alarm monitoring	Payroll: \$	Subcosts: \$	
<b>4.</b> Indicate annual sales volume per construction category:			
New Construction:	\$	Retrofit/Renovations:	\$
Service/Repair:	\$	Inspection & Testing:	\$
<b>5.</b> What percentage of your operations consists of PVC or CPVC work?			%
<b>6.</b> What percentage of your operations consists of Hospitals, Nursing Homes, or Senior Living Facilities?			%
<b>7.</b> Do you vacuum test lines to check for leaks prior to releasing water into the lines?	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
<b>7a.</b> If "Sometimes" or "Never," what other means do you use to check for leaks?			
<b>8.</b> Do you install backflow preventers on all sprinkler systems?	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
<b>9.</b> Do you use a checklist on all jobs to ensure work is completed in the proper sequence and no steps are overlooked?	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
<b>8a.</b> If always or sometimes, do you have a qualified supervisor sign off on each item on the check list?	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
<b>10.</b> Do you require the client to sign off on ALL deviations from the work order prior to implementing the change?	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
<b>11.</b> Are shipping and receiving records maintained to allow defective materials to be traced back to their original manufacturer, supplier, or distributor?	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
<b>12.</b> Do you install/service and/or repair fire suppression systems aboard aircraft, automobiles, mobile equipment, or watercraft?	YES <input type="checkbox"/>		NO <input type="checkbox"/>
If "YES," please describe:			
<b>13.</b> Do you design sprinkler or extinguisher systems?	YES <input type="checkbox"/>		NO <input type="checkbox"/>
If "YES," what qualifications do the designers have?			

<b>14.</b> Are shop drawings for sprinkler installation prepared by the applicant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES," how are the drawings checked for compliance with the system specifications?		
<b>15.</b> Are records maintained on all service, repair, and/or testing performed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>15a.</b> If "YES," how long are they retained?		
<b>15b.</b> If "YES," do they go into a permanent job file?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**B. FRAUD WARNING AND SIGNATURE**

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. The Applicant warrants that 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 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 any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

Any person who knowingly and with intent to defraud any insurance company or another 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, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA. Insurance benefits may also be denied in LA, ME, TN, and VA).

In the District of Columbia, Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

In Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Completion of this application does not bind coverage or commit the company to policy issuance.

Signature of Applicant:			
Title of Applicant (Officer/Partner):		Date	