



FIRE PROTECTION & SAFETY

Application form for Sprinkler and Alarm Contractors

Client Information

Company Name: _____

Contact Name: _____

Address: _____

Other Locations: _____

Phone: _____ Fax: _____

E-mail: _____

Description of Operations

Operations: ☐ Sprinkler Contractor ☐ Alarm Contractor ☐ Both

Sprinkler & Alarm Contractors

Years in business: _____ # of employees: _____

% of Installation: _____ % % of Service: _____

% of Design: _____ %

Do you require Proof of Liability from Subcontractors? ☐ Yes ☐ No

What Limit of Liability do you ☐ \$1million ☐ \$2million ☐ \$3million

require? % of Sub-Let Work: _____ Design/Engineering: ☐ Yes ☐ No

% of Installation Services: _____ Residential _____ %

Commercial _____ %

Industrial _____ %

Have you ever been declined, cancelled or non renewed by an Insurance Company? ☐ Yes ☐ No

Current Insurance company: _____

Have you had any Claims in the Past 3 Years? ☐ Yes ☐ No

If Yes, please attach details.

Annual Gross Revenue: \$ _____ US Sales: \$ _____

Alarm Contractors Only

Do you provide any Monitoring Services? ☐ Yes ☐ No

% of Monitoring Services: _____ Residential _____ %

Commercial _____ %

Industrial _____ %

% of Operations: _____ Alarm Monitoring _____ %

Answering Services _____

Emergency 911 _____ %

(Attach copy of service contract)

Paging Services % _____

Is your station ULC Listed? ☐ Yes ☐ No

Is your Monitoring System Computerized? ☐ Yes ☐ No

Do you have Back-up Power System in place? ☐ Yes ☐ No

Do you require Employees to complete a Training Program? ☐ Yes ☐ No

Do you conduct Background Checks for potential employees? ☐ Yes ☐ No

Do you have written procedures for employees? ☐ Yes ☐ No

General Liability

Limit required: ☐ \$1million ☐ \$2million ☐ \$3million
☐ \$5million ☐ \$10million

The Limits Selected Automatically Include:

- | | |
|---|--------------------------------------|
| 1. Failure to Perform Tenants Legal Liability | 4. Employers Liability |
| 2. Non-Owned Automobile | 5. Employee Benefits Legal Liability |
| 3. Damage to Hired Automobiles | 6. Employee Medical Expenses |
| | 7. Advertising Liability |

Deductible ☐ \$2,500 ☐ \$5,000 ☐ \$10,000

Do you engage in any of the following?

<input type="checkbox"/> Demolition	<input type="checkbox"/> Underpinning	<input type="checkbox"/> Use of
<input type="checkbox"/> Shoring	<input type="checkbox"/> Excavation	<input type="checkbox"/> Explosives
		Welding

Property

Hand tools to be Insured:	\$ _____
Contractors equipment to be Insured:	\$ _____
Inventory to be Insured:	\$ _____
Equipment on premises (Replacement Cost) to be Insured:	\$ _____
Property in Transit limit to be Insured:	\$ _____
Installation floater:	\$ _____
Office contents to be insured:	\$ _____
Business Interruption Limit Required (Extra Expense):	\$ _____
Building Limit (Replacement Cost) to be Insured:	\$ _____

How many square feet do you occupy?

sq. ft.

Construction Details:

☐ Steel Frame
☐ Concrete Block

☐ Brick Veneer
☐ Wood Frame

☐ Wood Joist Roof
☐ Steel Deck Roof

Are the facilities: ☐ Alarmed

☐ Monitored

☐ Local Alarm

Are the facilities: ☐ Sprinklered

Percentage:

Age of building:

of stories:

Automobile

List of Vehicles (please attach)

How many drivers are under 25 years of age?

Radius of operations:

Any claims in the past 5 years:

☐ Yes ☐ No

Any convictions in the past 3 years:

☐ Yes ☐ No

Are all vehicles registered to the company and/or owner?

☐ Yes ☐ No

Current Insurance company:

Policy #:

Warranty Statement

The undersigned Applicant for the Insurance declares that to the best of his/her knowledge the statements set herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this application form.

The undersigned acknowledges that the signing of this form does not bind the Applicant to purchase this insurance, the undersigned Applicant agrees that his form and the information furnished pursuant hereto shall be on the basis of the contract, should a policy be issued and this form will become part of the policy.

Name of Applicant:

Title:

Signature:

Date: