



FIRE PROTECTION & SAFETY

Application form for Sprinkler/Alarm Manufacturers and Distributors

Client Information

Company Name: _____
Contact Name: _____
Address: _____
Other Locations: _____
Phone: _____ Fax: _____
E-mail: _____

Description of Operations

Operations: Manufacturer Wholesaler Both

Manufacturers

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 require? \$1million \$2million \$3million

% 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: \$ _____

% of Product Manufactured Overseas: _____ %

Please list Countries or origin

Are all your Products ULC approved Yes No

Please provide a Sales Breakdown for the following:

Manufacturing/Distribution of Sprinkler, Smoke and Fire Suppression Systems \$ _____

Manufacturing/Distributing of Alarm Systems \$ _____

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

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 Brick Veneer Wood Joist Roof
 Concrete Block Wood Frame Steel Deck Roof

Are the facilities: Alarmed Monitored Local Alarm

Are the facilities: Sprinklered Percentage: _____ %

Age of building: _____ # of stories: _____

Business Interruption

Business Interruption Limit Required \$ _____

Extra Expense Limit Required \$ _____

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: _____