

Sprinkler Contractor Liability Application

Please complete all questions fully. For questions that do not apply, please indicate N/A. Do not leave any questions blank. If space is insufficient for answers, please attach a separate sheet.

General Information

Business Name: _____

Principal(s): _____

Subsidiaries, Partners and Joint Ventures: _____

Mailing Address: _____

Name of Principal(s): _____

Applicant is: Individual Partnership Corporation Joint Venture
 Other: _____

of Years in Business: _____ # of Years Experience: _____

If new operation/company, describe work experience of the principals:

Limit of Liability required: \$1,000,000 \$2,000,000 \$5,000,000 Other: _____

Deductible: \$1,000 \$2,500 \$5,000 Other: _____

Additional Coverage (a separate application is required for each coverage listed below):

Do you require Employee Dishonesty? Yes No

Do you require a Provincial Licensing Bond? Yes No

Do you require Property coverage? Yes No

Provide details of all liability insurance carried:

Name of Insurer	Policy Limit	Deductible	Period	Premium

Is renewal being offered? Yes No If **no**, explain: _____

Is Applicant a member of the Canadian Automatic Sprinkler Association? Yes No

CASA membership class: Class A Class B Class C

Additional Locations (list locations and occupations):

Address	% occupied by Applicant		Square Footage	R/Cost of Rented Portion
1.		<input type="checkbox"/> Owned <input type="checkbox"/> Rented		
2.				

Is Tenants Legal Liability required? Yes No If **yes**, state limits required for each location:

For the preceding 12-month period, provide your ACTUAL Revenue: \$ _____ and ACTUAL Payroll: \$ _____

Annual Volume Per Operation

Type of Work	Contracts New Construction	+ Contracts Retrofit	+ Inspection & Testing	TOTAL Estimated (Next Year)
Installation				
Service				
Design				
Sublet Work				

Annual Volume Per Occupancy

Commercial	+ Institutional	+ Residential	TOTAL

Other Operations Outside Of Sprinkler Work

Describe Work	Estimate Revenue	Subject %

Number of Employees by Position:

Management _____ Supervisor _____ Accredited Workers _____ Clerical/Others _____

Are all employees covered by Workers' Compensation? Yes No

If **no**, provide detailed split between different types of occupation/number of employees/payroll:

Are all products U.L.C. approved or similar? Yes No

100% of the products used in your installations are from Canadian and/or USA manufacturers? Yes No

If **no**, please advise the following:

a) List of products that are purchased from foreign manufacturers:

b) Which countries are products listed above manufactured in?

c) Are foreign products purchased directly from the manufacturers OR from a local distributor?

d) Percentage of total products purchased from foreign manufacturers? _____

e) Do you alter the products in any way before installation? Yes No

f) Do you re-label the products? Yes No

Do you have any U.S. sales? Yes No If **yes**, please indicate how much: \$ _____

If U.S. sales and operations, which products or services? _____

Do you sublet work? Yes No If **yes**, please indicate annual gross cost: \$ _____

Describe work sublet: _____

Do you secure Liability Certificates from sub-contractors? Yes No Limit required: \$ _____

Are hold harmless agreements in favour of your company in place from suppliers? Yes No

If you or your employees drive vehicles for business that are NOT owned or leased in the company name, please provide the following details:

No of vehicles: _____ Highest value: _____ Total estimated number of days: _____

Design Work

Do you provide your own system design work? Yes No

If **yes**, do individuals performing design work have a professional engineer (P.E.) designation? Yes No

If **no**, please explain: _____

Years experience in sprinkler system design: _____

Do you provide design work for others? Yes No If **yes**, % of work for others: _____

Is available computer software used to develop or check system layout and adequacy? Yes No

Type of systems designed: _____

If new operation/company, indicate work experience of the principals:

Wet Pipe Dry Pipe Deluge Preaction Hydraulically Calculated Special Hazard

If designing special hazard, describe type and occupancy use:

When required, are design plans approved by: Architects Municipal Authorities

Claims

Loss History

List all liability claims paid or outstanding in the last five (5) years (include any lost key coverage claims). If there have been no claims, please indicate "NO CLAIMS." A blank or "N/A" is not acceptable.

Date	Description of Loss	Amount Reserved	Amount Paid	Closed? (Yes/No)	Insurer

Are checklists always used on job sites to assure workmanship and system testing is performed? Yes No

If **yes**: Do the checklists require signoffs and dates for all critical items? Yes No

Do the checklists include type of work performed? Yes No

Do the checklists include replacement parts and recharged equipment? Yes No

Do the checklists used on-site become part of the permanent job file? Yes No

How long are files for each job maintained? _____

If **no** to any of the above, please explain: _____

During all retrofit/repair work:

Are steps taken and documented to protect building, flooring, ceilings, furnishings, and other property? Yes No

Are red tags used when valves are closed? Yes No

Do you warn the customer against deactivating parts of the system? Yes No

Do you provide the customer with red tags, to be placed on valves that are closed temporarily? Yes No

Do you require documented acknowledgement of acceptance of owners after installation? Yes No

If **yes** to any of the above, please provide full details and revenue: _____

If parts or a whole sprinkler system must be left shut down during the day or overnight, which of the following are notified:

Local Fire Department Building Owner Alarm Company Insurance Carrier

Is any record kept of such notices? Yes No

Do you require testing of all systems, whether new construction, retrofit or repair, before final sign-off? Yes No

If **no**, please explain: _____

Do you require water supply testing to ensure adequate supply for the system? Yes No

If **no**, please explain: _____

Final signoff of completed system by: Municipal Authority General Contractor Building Owner

Do you sell, install, or service fire protection or extinguishing systems for:

i) Sawmills Yes No

ii) Logging, Forestry, Contractors or other Mobile Equipment Yes No

iii) Aircraft or Watercraft Yes No

Do you provide any services at airports? Yes No If **yes**, revenue: \$ _____

Describe services provided: _____

Number of Installers: _____ Describe minimum training or certification: _____

Name of supervisor/foreman: _____

Qualifications: _____ Years experience: _____

Are all jobs inspected by the supervisor/foreman? Yes No

Broker Information

Is this account NEW to your office? Yes No If **no**, how long have you known the applicant? _____

Is the operation financially sound? Yes No

Do you recommend this applicant? Yes No

Current expiry date: _____ Expiring premium: _____ Renewal premium: _____

Other markets approached: _____

Comments:

[Empty text box for comments]

Applicant's Consent to the Transmission of the Information Contained in the Application Form

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to Agile Underwriting Solutions for the sole purpose of obtaining an insurance policy and will be kept confidential. Moreover, I authorize Agile Underwriting Solutions, its insurers, or service providers to:

- Conduct verification, using outside sources, of the information contained in the Application form, in attached documentation, and in subsequently provided documentations.
- In the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers, or other similar offices for the purposes of investigating, defending, negotiating, or settling any claims, as required.

Declarations and Signature

It is understood and agreed that the completion of this Application does not bind the insurers to sell, nor does it obligate the Applicant to purchase the insurance.

Applicant's Signature	
Print Name	Date