

**GENERAL LIABILITY**

Submitting (Producer) \_\_\_\_\_

**FIRE PROTECTION PROGRAM APPLICATION**

(License #) \_\_\_\_\_

Applicant's Name \_\_\_\_\_

DBA: \_\_\_\_\_

Individual     Partnership     Corporation     Other

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Location Address: \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_

Based on the (Applicant's) Annual Gross Receipts (for most recent 12 months), list the percentage of income derived from the sources listed below Each column must equal 100%.

TYPES OF ACCOUNTS SERVICED	TYPES OF SERVICES	CATEGORIES OF EXPOSURE
Office/Retail ..... %	Installation ..... %	Extinguishers ..... %
Industrial/Manufacturing ..... %	Service/Repair ..... %	Sprinkler Systems ..... %
Restaurants ..... %	Testing ..... %	Restaurant Systems ..... %
Apartments/Condos ..... %	Design ..... %	Fire Alarms ..... %
Hotel/Motel (5 stories +) ..... %		Plumbing ..... %
Hospital/Nursing Homes ..... %		(other than sprinklers)
		Grease Cleaning ..... %
TOTAL ..... 100%	TOTAL ..... 100%	TOTAL ..... 100%

**ANNUAL RECEIPTS:**

	PROJECTED YEAR	1ST PRIOR YEAR	2ND PRIOR YEAR
Extinguishers	\$ _____	\$ _____	\$ _____
Sprinkler Systems	\$ _____	\$ _____	\$ _____
Restaurant Systems	\$ _____	\$ _____	\$ _____
Fire Alarms	\$ _____	\$ _____	\$ _____
Plumbing (other than sprinklers)	\$ _____	\$ _____	\$ _____
Grease Cleaning	\$ _____	\$ _____	\$ _____

Primary Limit Requested: \_\_\_\_\_ Employers Benefit Liability (# of employees) \_\_\_\_\_

Excess Limit Requested: \_\_\_\_\_ Submit Acord Applications

Include Blanket Additional Insured     Yes     No  
Deductible     500     1,000     2,500     5,000

**PRIOR (INSURERS) (Last Three Years)**

Year	Carrier	Policy Number	Limits	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**CLAIMS IN LAST THREE YEARS?(if none, please state "none")**

Date of Loss \_\_\_\_\_ Type of Loss \_\_\_\_\_

Description of Loss \_\_\_\_\_

Do you subcontract your work?     Yes     No    If Yes, please explain, \_\_\_\_\_

Do you require Certificates of Insurance from Subcontractors?     Yes     No

State Portable License Number: \_\_\_\_\_ State Sprinkler License Number. \_\_\_\_\_  
State License Not Required:  \_\_\_\_\_ State License Not Required:  \_\_\_\_\_  
State Systems License Number: \_\_\_\_\_  
State License Not Required:  \_\_\_\_\_  
Current Years in Business: \_\_\_\_\_ Additional Years of Experience: \_\_\_\_\_

Does your company sell, retail/wholesale, any type of life support equipment or protective clothing?  
 Yes  No If yes, explain: \_\_\_\_\_

Are you an authorized dealer for a manufacturer? Yes  No  If yes, please list:  
1. \_\_\_\_\_ 2. \_\_\_\_\_

Do you have a Broad Form Vendors Endorsement from the Manufacturer?  Yes  No

Do you offer your clients any type of service contract?  Yes  No If Yes, please attach a copy.

Are you involved in any other type of business at your present location?  Yes  No If Yes, please describe: \_\_\_\_\_

Are you involved with any membership in a trade association?  Yes  No  
If yes, please list: \_\_\_\_\_

In the past three years, has any insurance company cancelled or refused to renew your liability insurance?  
 Yes  No If Yes, please explain: \_\_\_\_\_

Who are you doing your work for: Please list by percentage:  
General Contractors \_\_\_\_\_ % General Public \_\_\_\_\_ % Fire Department \_\_\_\_\_ % Municipalities \_\_\_\_\_ %  
Military/Government \_\_\_\_\_ % Other (describe) \_\_\_\_\_ %

Describe owner's duties or involvement in daily operations: \_\_\_\_\_

Do you work in any state other than the one where your office/shop is located?  Yes  No If Yes, list.

Do you maintain records on all service, repair or testing:  Yes  No

Are the products used in conjunction with your business purchased in the United States?  Yes  No

**SPRINKLER SECTION:**

Is any new construction or tenant improvement work done in buildings over five stories?  Yes  No  
If Yes, please describe. \_\_\_\_\_

Percentage of Work: Commercial \_\_\_\_\_ Residential \_\_\_\_\_

Estimated Number of Jobs: \_\_\_\_\_ Average Cost per Job \$ \_\_\_\_\_

Estimated Length of Job Time: \_\_\_\_\_ Number of jobs at one time: \_\_\_\_\_

**PLUMBING SECTION:**

If you do plumbing other than sprinkler systems, please describe types of plumbing and indicate plumbing revenues for past three years \_\_\_\_\_

Do you employ any licensed plumbers?  Yes  No If Yes, please describe what the licensed plumbers do: \_\_\_\_\_

Are you involved with any separate plumbing business?  Yes  No If Yes, please identify the plumbing business by name and address and indicate your connection to it\* \_\_\_\_\_

**APPLICANTS WARRANTY:**

Applicant warrants that the above information is true and complete. Applicant understands that the insurer will rely on this information for purposes of acting on this application for insurance. This application will become part of any policy issued. The provision of false information in an application for insurance is insurance fraud which is a crime in many states.

\_\_\_\_\_  
APPLICANT'S SIGNATURE/TITLE

\_\_\_\_\_  
DATE