

Roush Insurance Services, Inc.

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Fire Sprinkler Contractor General Liability Application

Applicant's Name	_____
Mailing Address	_____ _____
Location	_____ _____
Web site Address	_____

Agency Name	_____
Agent	_____
Address	_____ _____
E-mail	_____
Phone	_____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE

LIMITS OF LIABILITY REQUESTED	PREMIUMS
General Aggregate \$	Premises/Operations
Products & Completed Operations Aggregate \$	\$
Personal & Advertising Injury \$	Products/Completed Operations
Each Occurrence \$	\$
Fire Damage (any one fire) \$	Other
Medical Expense (any one person) \$	\$
Other Coverages, Restrictions, and/or Endorsements	Total
Deductible \$	\$

1. Contact person: _____ **Title:** _____

Contact person is: Owner General Manager Other: _____

Daytime phone number: _____ **Nighttime phone number:** _____

Fax number: _____ **E-mail address:** _____

2. How long have you been in business? _____ yrs. **Total number of employees:** _____

3. Are you licensed? Yes No

If no, explain: _____

Number of employees with NICET Certification: Level I _____ Level II _____
 Level III _____ Level IV _____

4. Estimated annual

a. Payroll \$ _____ b. Sales \$ _____

Your Operations (show sales and payroll for each)	Payroll	Sales
a. Retrofit (vacant)	\$ _____	\$ _____
b. Retrofit (occupied)	\$ _____	\$ _____
c. Design	\$ _____	\$ _____
d. Service / Repair	\$ _____	\$ _____
e. Inspection	\$ _____	\$ _____
f. New Installation	\$ _____	\$ _____
g. Other—Describe:	\$ _____	\$ _____
h. Does applicant have other business ventures for which coverage is not requested? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain and advise where insured: _____		

6. Projects/Client Base

Aircraft Hangers	%	Government Buildings	%	Offshore Exposure	%
Apartments	%	Hospitals	%	Rack Storage	%
Casinos	%	Hotels	%	Refineries	%
Chemical, Fertilizer or Petrochemical	%	Manufacturing	%	Schools	%
Churches	%	Mercantile	%	Single Family	%
Condos/Townhouses	%	Nuclear Power Plants	%	Theaters > 100 Seating	%
Detention/Correctional Facilities	%	Nursing Homes	%	Warehouses	%
Special Hazards:	%	Describe:			%

7. Do you install extinguishing systems in vehicles, mobile equipment, watercraft, or aircraft? Yes No
 If yes, explain: _____

8. Types of Sprinkler Systems

Installation/Repair/Service Inspection		Type Designed by You	
Deluge	%	Deluge	%
Dry Pipe	%	Dry Pipe	%
Hydraulically Calculated	%	Hydraulically Calculated	%
Preaction	%	Preaction	%
Wet Pipe	%	Wet Pipe	%
Special Hazards:		Special Hazards:	
Carbon Dioxide	%	Carbon Dioxide	%
Dry Chemicals	%	Dry Chemicals	%
Foam	%	Foam	%

9. Do you do any manufacturing or sell anything under your own label? Yes No
 If yes, explain: _____

10. Do you sell any items other than items which are installed by you? Yes No
 If yes, provide listing of products sold: _____
 Sales amount for these products? _____

11. Do you do design work for others? Yes No
 If yes, percent of operation:..... %
 How do you handle requirements for PE stamp/seal? _____

12. Are design plans approved by:
 Architects?..... Yes No
 Municipal Authorities?..... Yes No

13. List your employees who design or modify plans and their experience.

Name of Employee	NICET Level	Years Of Design Experience

14. Do you design systems without performing installation? Yes No
 If yes, percent of operation:..... %

15. How often do you inspect and service customers' fire sprinkler equipment? _____

16. Are detailed records kept on all jobs? Yes No
 If yes, for how long: _____

17. Have you ever installed any sprinkler heads that were subject to recalls? Yes No
 If yes, name the brand: _____
 If yes, have the sprinkler heads been replaced? Yes No
 If no, explain: _____

18. Describe the procedure used for turning the fire sprinkler system over to the building owners: _____

19. Describe the procedure used to document the distribution of NFPA 25 requirements to the building owners:

20. Have you ever been involved or plan to be involved during the next twelve (12) months with a "wrap-up or OCIP"? Yes No

If yes, please provide the following information:

Project Name	Date	Project Description	Location	Revenues

21. List all major projects completed within the last three years, including work in progress and planned projects. (List project name, date, project description, location, and revenues.)

Project Name	Date	Project Description	Location	Revenues

22. Do you have an ongoing in-house training program for sprinkler fitters? Yes No

If yes, describe: _____

23. Do you and your employees participate in the following professional organizations:

AFSA NICET NFPA NFSA SFPE Other: _____

24. Do you have Workers' Compensation coverage in force? Yes No

25. Do you lease employees? Yes No

26. Do you subcontract work to others? Yes No

If yes, indicate type of work and cost: _____

Are certificates of insurance obtained from all subcontractors? Yes No

What limits of liability do you require from all subcontractors? _____

27. What percentage of your work is with repeat customers? _____%

28. List the states you have worked in during the last five years: _____

29. Please attach:

- (A) Any descriptive or advertising literature;
- (B) Copy of usual performance contract with client;
- (C) Any hold harmless agreements executed in favor of client.

30. Do you limit your liability to a stated dollar amount (liquidated damages) on your contract with your clients? Yes No

If yes, what is the maximum limit allowed? _____

What percentage of your contracts waives the liquidated damages clause? _____%

31. During the past three years, has any company ever canceled, declined or refused to issue similar insurance to you (Not applicable in Missouri)? Yes No

If yes, explain: _____

32. Have you ever been named in claims or litigation regarding faulty or defective construction or workmanship? Yes No

If yes, provide details and include how the issue was corrected or resolved: _____

Previous Insurer and Loss History: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years or attach currently valued loss runs.

YEAR	COMPANY	POLICY NUMBER	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

SCHEDULE OF HAZARDS

Loc. No.	Classification	Class. Code	Premium Bases:		Terr.	Rate		Premium	
			(s) Gross Sales (p) Payroll (c) Total Cost	(a) Area (t) Other		Prem./ Ops.	Products	Prem./ Ops.	Products

PROVIDE DETAILS OF ALL LOSSES IN EXCESS OF TEN THOUSAND DOLLARS (\$10,000).

DO YOU HAVE THE FOLLOWING (IF YES, ATTACH COPY)?

- Copy of usual performance contract with client? Yes No
- Descriptive advertising literature? Yes No
- Hold harmless agreements executed in favor of client? Yes No
- Installation warranty? Yes No
- Written safety program? Yes No

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

FRAUD WARNING NOTICE TO FLORIDA APPLICANTS:

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 in the third degree.

FRAUD WARNING NOTICE TO MAINE APPLICANTS:

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

FRAUD WARNING NOTICE TO MARYLAND APPLICANTS:

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.