

# FIRE & LIFE SAFETY CONTRACTOR GENERAL LIABILITY APPLICATION

All Fire Suppression - Alarm & Security - Extinguisher

Named Insured: \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_

State: \_\_\_\_\_ \*Main Headquarters location

Areas of Operations: \_\_\_\_\_

\*List all states the Named Insured performs work in

Estimated Gross Receipts:	\$ _____	*Include Wraps/OCIPS		
Estimated Receipts Under Wraps/OCIPS/CCIPS):	\$ _____			
Estimated Field Payrolls:	\$ _____	\$ _____	\$ _____	*Exclude Payrolls under Wraps/OCIPS
	Fire Suppression (ISO 94381)	Fire Alarm (ISO 91127)	Extinguisher (ISO 94304)	

## BUSINESS & SALES MIX

Operations as % of Annual Gross Receipts	% of Annual Gross Receipts Generated From:
New Installation %:	Fire Sprinkler - Water Based %:
Retrofit %:	Suppression Agents - Non-Water Based %:
Service & Repair %:	Alarm / Security / Notification %:
Inspection - ITM %:	Portable Extinguisher %:
Design for Other Firms %:	Other - _____ %:
Total Operations 100%	Total Operations 100%

## Occupancy Types - % of Annual Gross Receipts

Commercial - Retail %:	
Institutional %:	(schools/hotels/hospitals)
Industrial %:	(manufacturing/warehouse/distribution)
Aptmts - Commercial Condos %:	(apartments/commercial condos)
Residential / HOA's %:	(condos/single-family/tract-housing) - HOA's & Community Associations
Aircraft + Marine %:	(aircraft hangars/marine and boat storage)
Other - _____ %:	
Total Operations 100%	

What % of your NEW INSTALLATION WORK is generated from Single Family Homes, Condos, Townhomes & Track-Housing with an HOA or Community Association? WE DO NOT EXCLUDE RESIDENTIAL WORK \_\_\_\_\_ %

Do you CLEAN Kitchen Suppression Hoods & Ductwork? YES NO (Please Circle) \_\_\_\_\_

% of Annual Gross Receipts: \_\_\_\_\_ %

What is your current Workman's Comp Modification Factor? \_\_\_\_\_

## HISTORICAL: RECEIPTS - PAYROLLS - PREMIUMS

Policy Year	Gross Receipts	Fire Sprinkler Field Payrolls (94381)	Alarm Field Payrolls (91127)	Extinguisher (94304)	CGL Premiums
Expiring Year: 2020 - 2021	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Last Year: 2019 - 2020	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2 Years Ago: 2018 - 2019	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3 Years Ago: 2017 - 2018	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4 Years Ago: 2016 - 2017	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**SUB-CONTRACTING ACTIVITIES**

Do you Sub-Contract any Work?	YES	NO	(Please Circle)
Total \$ Cost of All Sub-Contracted Work: \$			
Do you issue a formal written sub-contract agreement for all sub-contracted work?	YES	NO	(Please Circle)
Does agreement require sub-contractor to indemnify and hold you harmless?	YES	NO	(Please Circle)
Does sub-contract agreement contain insurance requirements?	YES	NO	(Please Circle)
Do you require at a minimum \$1M limits per occurrence for General Liability?	YES	NO	(Please Circle)
Do you require sub-contractor to name you as Additional Insured on their policy?	YES	NO	(Please Circle)
Do you sub-contract Water-Based Fire Sprinkler Work?	YES	NO	(Please Circle)
Total \$ Cost of Water-Based Sprinkler Sub-Contracted Work: \$			

Please Explain WHAT Type of Water-Based Fire Sprinkler Work is Sub-Contracted and WHY it is Sub-Contracted:


**ENGINEERING & PROFESSIONAL ACTIVITIES**

Do you have a PE(s) on Staff?	YES	NO	(Please Circle)
Does your PE Stamp or Seal Plans?	YES	NO	(Please Circle)
Separate Professional Liability Coverage held for your PE(s)?	YES	NO	(Please Circle)
What are Limits for separate Professional Liability Policy?			
Have you ever had a Professional Liability Claim?	YES	NO	(Please Circle)

Please Explain the Professional Liability Claim:


**CPVC - INSTALLATION & SERVICE PRACTICES**

**CURE TIME:** Risk Suppression Partners LLC (RSP) requires the practice of 24-HR Cure Time or the use of CPVC listed fittings which do not require solvent-cement. The elements of time, temperature, humidity and pipe size can all affect cure-times and it is a best practice to allow extended cure-times, especially when performing service work and cutting into existing systems.

**DRY FITS:** agrees to have a "no dry-fit" policy, aimed to reduce the chance of loss based on made up joints missing a solvent-cement connection.

**COMPATIBILITY:** RSP recommends that awareness of the potential for compatibility based failures be made on all job sights for which CPVC is to be installed. \*Most manufacturers provide notices that can be used.

By initialing below the submitter of this application warrants the above statements regarding CPVC have been reviewed and acknowledged by the named insured listed on this application.

<b>Initials:</b>	<b>YES - above statements have been reviewed</b>
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**ALARM & SECURITY ACTIVITIES**

Do you perform Alarm work?	YES	NO	(Please Circle)
Does your company directly monitor any systems?	YES	NO	(Please Circle)
Do you sub-contract alarm monitoring?	YES	NO	(Please Circle)
Is sub-contracted monitoring facility UL Listed?	YES	NO	(Please Circle)

**SUBMISSION FILES - REQUIRED**

*If Submitting Excess please include all applicable Loss Runs & ACORD Forms*

- 1) ACORD Form(s)
- 2) 5 Years Currently Valued Loss Runs
- 3) EXCESS - updated auto schedule and renewal/expiring WC & Auto Quotes
- 4) ALARM - Copy of Alarm Subscriber & Monitoring Agreement if applicable

\* By signing below applicant warrants they have reviewed and understand the Notices to Applicant on Pages 4 & 5 of this application

<b>BROKER INFORMATION</b>	<b>INSURED CONTACT - Applicant</b>
Company Name: _____	Name: _____
Producer Name: _____	Job Title: _____
Email: _____	Email: _____
Phone Number: _____	Phone Number: _____
<b>*Signature:</b> _____	<b>*Signature:</b> _____
<b>Date:</b> _____	<b>Date:</b> _____

**Risk Suppression Partners May Contact the Named Insured Directly to Discuss and Clarify the Following:**

*Claims History & Lessons Learned - Sub-Contracting Activities - General Business & Operations Questions*

**\* All quotations are subject to:** Risk Suppression Reviewing Service & Inspection Agreements, Inspection Forms, and handling of Inspection Observations - translating information to building owner not classified as a deficiency by NFPA 25.

### NOTICES TO APPLICANT

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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ALABAMA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**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 OF THE THIRD DEGREE.

**NOTICE TO KANSAS APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

**NOTICE TO LOUISIANA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**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.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** 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.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

**NOTICE TO OREGON APPLICANTS:** 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.