



# SUPPRESSION PRO<sup>®</sup> Insurance Solutions

Email applications to [submissions@suppressionpro.com](mailto:submissions@suppressionpro.com)  
(P) 800.536.2285 (F) 949.336.4347

## SECTION I – GENERAL INFORMATION

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Name of Applicant: _____ DBA: _____ <small>(If applicable, include DBA or Trade Name)</small>	Requested Effective Date: _____
2. Mailing Address: _____ <small>(Street)</small> _____ <small>(City) (State) (Zip Code)</small> Physical Address: _____ <small>(Street)</small> _____ <small>(City) (State) (Zip Code)</small> Do you have any other Business Locations? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, provide list of addresses with submission.	
3. Business Owner(s): _____ Percentage(s) of Ownership: ____ % _____ Percentage(s) of Ownership: ____ %	
4. Phone: _____ Email: _____ Fax: _____ Website: _____	
5. Business Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other (Describe): _____	
6. Number of years in business under the above name: _____ years	
7. How many years of experience in the Fire Protection industry do you have?    Owner: ____    Manager: ____ A. If applicable, describe the Owner's prior Fire Protection experience: _____ _____ B. If applicable, describe the Manager's prior Fire Protection experience: _____ _____	
8. How many field employees do you currently employ? Do you anticipate hiring additional field employees this policy year? If yes, how many? <input type="checkbox"/> Yes <input type="checkbox"/> No    ____ employees	
9. Within the last 10 years, has the Applicant/Business Owner operated under any other name or does the Applicant/Business Owner currently own any other Entities or operate any other Businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, answer A-C.</b> A. Provide name <u>and</u> describe operations: _____ _____ B. Is this Entity/Business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No C. <u>If still active</u> , is there separate General Liability Insurance in place for such operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION II – OPERATIONS**

**PLEASE COMPLETE EVERY ITEM OR INDICATE N/A**

<b>FIRE SUPPRESSION SYSTEMS (WET SPRINKLER SYSTEMS)</b>			Not Applicable <input type="checkbox"/>
1. Provide your annual Field Payroll and Gross Sales:			
	Projected for Current Year	1st Prior Year	2nd Prior Year
Annual Field Payroll	\$	\$	\$
Annual Gross Sales	\$	\$	\$
2. Describe your operations based on Annual Gross Sales. <b>(must equal 100%)</b>			
Commercial Installation ___%	Commercial Service / Repair ___%	Commercial Testing ___%	
Residential Installation ___%	Residential Service / Repair ___%	Residential Testing ___%	
3. Describe the types of accounts you handle by percentage based on your annual Gross Sales <b>(must equal 100%)</b>			
Office Buildings _____%	Schools/Institutions _____%	Airports/Aviation Facilities _____%	
Retail _____%	Hospitals/Nursing Homes _____%	Research Facilities/Labs _____%	
Industrial/Mfg. _____%	Apartment Buildings _____%	Marine/Offshore Facilities _____%	
Restaurants _____%	Condos/Town Homes _____%	Other _____%	
Hotels/Motels _____%	Single-Family Homes _____%	Describe Other: _____	
4. Number of Single-Family Home Installations:			
Completed in the Prior Year: _____		Projected for the Current Year: _____	
Percentage of Single-Family Home Installations in Homes Valued \$5M or above: _____%			
5. Do your operations involve work in any of the housing types listed below? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
<input type="checkbox"/> Condominiums	<input type="checkbox"/> Townhouses	<input type="checkbox"/> Row Houses	
<input type="checkbox"/> Tract Home Developments (5 or more homes)		<input type="checkbox"/> Tract Home Developments (25 or more homes)	
6. Percentage of Annual Gross Sales in buildings that are 5 or more stories: _____%			
7. Maximum number of building stories on which you perform work: _____ Stories			
8. Do you design systems other than for your own installations? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
9. Do you Install, Service/Repair, Test and/or Inspect Fire Pumps? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
<b>If yes, answer A-B.</b>			
A. Will you ever Retrofit a Fire Pump without Retrofitting the Fire Suppression System?			<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Do you ever Retrofit Fire Pumps in buildings that are 5 or more stories?			<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you use PVC and/or CPVC Piping? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
<b>If yes, answer A-E.</b>			
A. Are you on the job site at the time of delivery and testing?			<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Do you follow manufacturer chemical compatibility guidelines to avoid incompatible materials?			<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Which manufacturers do you use? _____			
D. Do you carry approved manufacturer certifications for all installed, serviced, repaired, and/or inspected materials?			<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Do you provide customers with a post-installation chemical compatibility warning sheet?			<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you require at least one technician, on any job site, to be certified by the manufacturer training program, NFPA 13 and 25? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
12. Do you have a written hydrostatic testing and commissioning procedure that complies with NFPA 13? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
13. Is a signed pressure test record kept on file? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
14. Do you require air/nitrogen purge of dry systems before water introduction? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
15. Do you notify building occupants before performing work that may result in a system discharge? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
16. Do you carry portable water damage containment equipment? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
17. Do you install wet systems in unheated spaces (attic, garages, crawl spaces, etc.)? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
If yes, do you document that ambient temperatures will remain within manufacturer guidelines?			<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Do you install dry-pipe or pre-action systems as an alternative in freeze-risk environments? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			

19. Do you do any Plumbing Work other than specifically for Sprinkler Systems?  Yes  No  
**If yes, answer A-C.**  
**A.** Under what name? \_\_\_\_\_  
**B.** Describe work performed: \_\_\_\_\_  
**C.** Please provide the associated Gross Sales for the past 3 years: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
*Projected for Current Year* *1<sup>st</sup> Prior Year* *2<sup>nd</sup> Prior Year*

**ENGINEERED AND PRE-ENGINEERED FIRE SUPPRESSION SYSTEMS (RESTAURANT SYSTEMS)**  Not Applicable

1. Provide your annual Field Payroll and Gross Sales:

	Projected for Current Year	1st Prior Year	2nd Prior Year
Annual Field Payroll	\$ _____	\$ _____	\$ _____
Annual Gross Sales	\$ _____	\$ _____	\$ _____

2. Describe your operations by percentage based on your annual Gross Sales (**must equal 100%**)  
 Installation \_\_\_\_\_%      Service/Repair \_\_\_\_\_%      Testing \_\_\_\_\_%

3. Do you Design systems other than for your own installations?  Yes  No

4. Do you service, inspect or maintain any UL 300 non-compliant suppression systems?  Yes  No

5. Do you require at least one service technician, on any job site, certified by the manufacturer training program, NFPA 96 and 17A?  Yes  No

6. Do you inspect ventilation systems for compliance with NFPA 96?  Yes  No

7. Do you photograph suppression system, cooking lines and ventilation system before work commences and after work completion?  Yes  No

8. Are all such photographs kept in a permanent work file?  Yes  No

9. Do you Install, Service/Repair and/or Test Halon Systems?  Yes  No  
 If yes, what percentage of your annual gross sales? \_\_\_\_\_%

**GREASE CLEANING**  Not Applicable

1. Provide your annual Field Payroll and Gross Sales:

	Projected for Current Year	1 <sup>st</sup> Prior Year	2 <sup>nd</sup> Prior Year
Annual Field Payroll	\$ _____	\$ _____	\$ _____
Annual Gross Sales	\$ _____	\$ _____	\$ _____

2. Do you follow NFPA 96 or ANSI C-10 guidelines for all ventilation cleanings?  Yes  No

3. Do you photograph suppression system, cooking lines and ventilation system before work commences and after work completion?  Yes  No

4. Are all such photographs kept in a permanent work file?  Yes  No

5. Are inaccessible areas of the ventilation system documented and acknowledged by customer?  Yes  No

6. Is this written acknowledgement kept in the customer's permanent work file?  Yes  No

**FIRE EXTINGUISHERS**  Not Applicable

1. Provide your annual Field Payroll and Gross Sales for the Current Year and the 2 Prior Years:

	Projected for Current Year	1 <sup>st</sup> Prior Year	2 <sup>nd</sup> Prior Year
Annual Field Payroll	\$ _____	\$ _____	\$ _____
Annual Gross Sales	\$ _____	\$ _____	\$ _____

2. Describe your operations by percentage (**must equal 100%**):  
 Installation \_\_\_\_\_%      Service / Repair \_\_\_\_\_%  
 Testing \_\_\_\_\_%      Product Sales \_\_\_\_\_%

<b>FIRE ALARM SYSTEMS</b>	Not Applicable <input type="checkbox"/>												
1. Provide your annual Field Payroll and Gross Sales:													
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 33%;">Projected for Current Year</th> <th style="width: 17%;">1st Prior Year</th> <th style="width: 17%;">2nd Prior Year</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Annual Field Payroll</td> <td style="text-align: center; padding: 2px;">\$ _____</td> <td style="text-align: center; padding: 2px;">\$ _____</td> <td style="text-align: center; padding: 2px;">\$ _____</td> </tr> <tr> <td style="padding: 2px;">Annual Gross Sales</td> <td style="text-align: center; padding: 2px;">\$ _____</td> <td style="text-align: center; padding: 2px;">\$ _____</td> <td style="text-align: center; padding: 2px;">\$ _____</td> </tr> </tbody> </table>		Projected for Current Year	1st Prior Year	2nd Prior Year	Annual Field Payroll	\$ _____	\$ _____	\$ _____	Annual Gross Sales	\$ _____	\$ _____	\$ _____
	Projected for Current Year	1st Prior Year	2nd Prior Year										
Annual Field Payroll	\$ _____	\$ _____	\$ _____										
Annual Gross Sales	\$ _____	\$ _____	\$ _____										
2. Describe your operations by percentage based on your annual Gross Sales <b>(must equal 100%)</b> Installation _____%      Service/Repair _____%      Monitoring _____%													
3. Describe the types of Alarm Systems you handle by percentage based on your Annual Gross Sales <b>(must equal 100%)</b> : Fire <u>only</u> _____%      Burglar <u>only</u> _____%      Fire <u>and</u> Burglar _____% Other _____% <b>Describe other:</b> _____													
4. Describe the types of accounts you handle by percentage based on your annual Gross Sales <b>(must equal 100%)</b> Office Buildings _____%      Schools/Institutions _____%      Airports/Aviation Facilities _____% Retail _____%      Hospitals/Nursing Homes _____%      Research Facilities/Labs _____% Industrial/Mfg. _____%      Apartment Buildings _____%      Marine/Offshore Facilities _____% Restaurants _____%      Condos/Town Homes _____%      Other _____% Hotels/Motels _____%      Single Family Homes _____% <b>Describe Other:</b> _____													
5. Percentage of Annual Gross Sales in Homes Valued \$5M or above: _____%													
6. Provide a percentage breakdown of your operations based on your annual Gross Sales <b>(each applicable line must equal 100%)</b> : Commercial Installation and/or Service/Repair _____%      +      Commercial Monitoring _____% = 100% Residential Installation and/or Service/Repair _____%      +      Residential Monitoring _____% = 100%													
7. Do your operations involve work in any of the housing types listed below? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <b>If yes, indicate which type(s):</b> <input type="checkbox"/> Condominiums <input type="checkbox"/> Townhouses <input type="checkbox"/> Row Houses <input type="checkbox"/> Tract Home Developments (5 or more homes) <input type="checkbox"/> Tract Home Developments (25 or more homes)													
8. Do you Install, Service/Repair and/or Monitor any of the system types listed below? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <b>If yes, indicate which type(s):</b> <input type="checkbox"/> Life Support Systems <input type="checkbox"/> Medical Emergency Systems <input type="checkbox"/> Home Detention Systems													
9. Do you Design alarm systems and/or provide alarm integration other than your own installations? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>													
10. Percentage of your Alarm System Customers that sign <u>your</u> Contract: <b>A.</b> Commercial Customers _____% <b>B.</b> Residential Customers _____%													
11. Do your Installation, Service/Repair and/or Monitoring Contracts contain: <b>A.</b> Indemnity wording in your favor? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <b>B.</b> A Limitation of Liability Clause (i.e. a stated dollar amount for damages)? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>													

<b>POLLUTION COVERAGE</b>	Not Applicable <input type="checkbox"/>
1. Have all employees been trained to identify pollutants, such as Asbestos/Lead/Mold at a job site prior to work being performed? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
2. Do you have a written procedure in place to hire a third party to properly remove and dispose of any pollutants, such as Asbestos/Lead/Mold, that have been identified at a job site? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
3. In the past 5 years, have you provided any Asbestos/Lead/Mold abatement services, HVAC design/install services, drilling services, storage tank installation services, fire & water damage restoration work, exterior insulation finishing systems services (EFIS) or pollutant disposal services? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
4. Have you had, or are you aware of any fact, circumstance or situation that may give risk to any pollution or environmental damage claims or loss including, but not limited to, biological contamination claims or incidents (including mold, or indoor air quality issues) in the last five years? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	

**SECTION III – PRODUCT INFORMATION**

**PLEASE COMPLETE EVERY ITEM**

1. Does your company Sell (Retail, Wholesale and/or Internet) any type of Life Support and/or Protective Clothing?  Yes  No  
**If yes, answer A&B**  
**A.** What are the annual Gross Sales associated with these products? \$ \_\_\_\_\_  
**B.** Provide a listing of these products: \_\_\_\_\_
2. Do you repackage and/or sell any products under your own label?  Yes  No
3. Are you an Authorized Dealer for any Manufacturer? **If yes, please list below.**  Yes  No
- | Name of Manufacturer | Products Line Represented |
|----------------------|---------------------------|
|                      |                           |
|                      |                           |
4. Are the Products used in conjunction with your business manufactured and/or purchased in the United States?  Yes  No  
**A.** If no, are all foreign Products purchased from a U.S. Distributor?  Yes  No
5. Do you offer your Clients any type of Service Contract? **If yes, please attach a copy.**  Yes  No

**SECTION IV – RISK MANAGEMENT**

**PLEASE COMPLETE EVERY ITEM**

1. Please list any State and/or National Trade Associations you belong to:  
 \_\_\_\_\_
2. Describe the Owner’s duties and/or involvement in the daily operations:  
 \_\_\_\_\_
3. Do you work in any State other than the one where your office/shop is located?  Yes  No  
**A.** If yes, please list these other States:  
 \_\_\_\_\_  
**B.** If New York, are you required to carry Action Over Coverage?  Yes  No
4. Is a License required to operate in your State? **If yes, answer A&B**  Yes  No  
**A.** What is your License number? \_\_\_\_\_  
**B.** Within the last 3 years, has your License been suspended and/or revoked?  Yes  No
5. Do you install, service, repair and/or test suppression systems and/or extinguishers on mobile equipment, vehicles and/or food trucks?  Yes  No
6. Do you perform any other operations than what is listed on this application?  Yes  No  
 If yes, please describe: \_\_\_\_\_
7. **A.** Are Completed Job Files (from bid process to job completion) kept?  Yes  No  
 If yes, how long are files kept? \_\_\_\_\_ yrs.  
**B.** Are Photographs taken prior to start of jobs and upon completion?  Yes  No  
 If yes, how long are photographs kept? \_\_\_\_\_ yrs.
8. Will you Service a system that is not in compliance with NFPA Codes?  Yes  No  
**If yes, please attach a copy of the warranty used to transfer liability.**
9. Do you Subcontract Work to Others? **If yes, answer A-F.**  Yes  No  
**A.** Total Percentage of your Revenue Subcontracted to Others? \_\_\_\_\_ %  
**B.** What type of work is Subcontracted to Others? \_\_\_\_\_  
**C.** Do you obtain Certificates of Insurance from each Subcontractor evidencing General Liability Limits and Workers Compensation Limits equal to or greater than your own General Liability and Workers Compensation Limits?  Yes  No

- D. Are all Certificates of Insurance kept on file for a minimum of 3 years?  Yes  No
- E. Do you require all Subcontractors to add you onto their policy as an Additional Insured?  Yes  No
- F. Do you verify Subcontractor Certificates of Insurance prior to each job?  Yes  No

10. Do your employees operate any aerial or motorized equipment on job sites (forklifts, scissor lifts, boom lifts, telehandlers, etc.)? **If yes, Answer A-B.**  Yes  No
- A. Do you require documented operator certification for all equipment operators?  Yes  No
- B. What % of your operations involve the use of such equipment? \_\_\_\_\_%

11. Do any of your operations involve aircraft, watercraft, airports, aviation facilities, and/or marine/offshore facilities? If yes, please describe the work completed below:  Yes  No
- \_\_\_\_\_

12. Please describe your current Loss Control Program below:

\_\_\_\_\_

\_\_\_\_\_

**SECTION V – PRIOR GENERAL LIABILITY INSURANCE**

1. Please provide the Insurance Company Names and your Limits, Deductibles and Premiums for the last 3 years:

Policy Year	Insurance Company Name	Limits	Deductible	Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

2. In the last 3 years, has your General Liability Insurance been Cancelled, Non-Renewed or Declined?  Yes  No
- A. If yes, please explain: \_\_\_\_\_
- \_\_\_\_\_

**SECTION VI – CLAIMS HISTORY**

1. Have you had any claims in the past 3 years?  Yes  No
- Please attach a copy of the loss runs to this application.**

**ALL QUOTES SUBJECT TO A MINIMUM POLICY PREMIUM**

**APPLICANT AND PRODUCER SIGNATURE:**

**APPLICANT:** I UNDERSTAND THAT THIS APPLICATION FOR INSURANCE AND ANY POLICY ISSUED AS A RESULT OF THE APPROVAL OF THIS APPLICATION WILL **ONLY** PROVIDE INSURANCE FOR FIRE PROTECTION OPERATIONS. I FURTHER UNDERSTAND THAT **NO** COVERAGE WILL BE PROVIDED FOR ANY OTHER BUSINESSES, OPERATIONS OR SERVICES UNLESS THEY ARE SPECIFICALLY ADDED TO ANY POLICY ISSUED FOR ANY ADDITIONAL PREMIUM.

**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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (FOR NEW YORK INSUREDS: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Title

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Producer's Name

**IMPORTANT: THIS IS NOT A BINDER OR OFFER OF COVERAGE**