



Fire Protection Questionnaire

(Attach to an Acord application)

| | | | | |
|------------------------|--------|------|-------|-----|
| Applicant's name _____ | | | | |
| Address _____ | | | | |
| | Street | City | State | Zip |

OPERATIONS

- 1) How long has the applicant been in this business? _____
 - 2) Does your company operate under different company names? Yes No
If yes, please list the names: _____
 - 3) What are the operations of each? _____
 - 4) What percent of total receipts of the named insured is each? _____%
 - 5) Is the applicant a member of any trade organization? Yes No
If yes, please list names: _____
 - 6) In what state(s) does the applicant conduct business? _____
 - 7) Is any work sub-contracted? Yes No
 - a. If yes, what type of work is sub-contracted out? _____
 - b. What is the total cost of the sub-contracted work? \$ _____
 - c. Do you obtain a certificate of insurance from the subcontractors? Yes No
 - 8) What types of accounts are serviced?

| | |
|-----------------------------------|----------------------------------|
| Office / Retail _____% | Hotels / Motels _____% |
| Industrial / Manufacturing _____% | Hospitals / Nursing Homes _____% |
| Restaurants / Taverns _____% | Other _____% |
| Apartments / Condos _____% | Total _____% |
 - 9) Total number of employees: Full-time Employees _____ Part-time Employees _____
- PLEASE NOTE: Five (5) year loss runs are required for GL coverage. Ordered Attached

FIRE SUPPRESSION CONTRACTORS

- 1) What is the annual PAYROLL breakdown?

| | |
|---|--|
| Suppression system installation \$ _____ | Suppression system service \$ _____ |
| Suppression system repair \$ _____ | Restaurant systems installation/service \$ _____ |
| Fire Alarms on sprinkler systems \$ _____ | Extinguishers sales and service \$ _____ |
| Hood & Duct Cleaning \$ _____ | Other _____ \$ _____ |
- 2) Is any process piping done? Yes No
If yes, please explain: _____



- 3) Have any jobs been done in chemical plants, refineries, nuclear power plants or other hazardous occupancies? Yes No
- 4) How does the field supervisor assure quality (ex. checklist, daily visits, etc.)? _____
- 5) Who walks the final pipe installation prior to testing or activation? _____
- 6) How is the system checked for tightness before the final pressure test? Blow back , Air pressure ,
Water Pressure , Other methods _____
- 7) At the completion of a project, who at the firm verifies that all work complies with NFPA Standards and/or local codes? _____
- 8) If retrofitting or service work is done:
 - a. What measures are used to protect the insured's contents? _____
 - b. How does the insured protect his workers and other workers from exposure to asbestos? _____
 - c. Do the job proposals include an asbestos clause, allowing for the removal of the asbestos prior to the completion of the work? Yes No
- 9) Are detailed records kept on all jobs? Yes No
Including dates , Plan and test certificates , When systems were activated
- 10) What is the procedure and documentation for turning the system over to the building owner? _____
- 11) How long are your records maintained? _____
- 12) How do you verify the work of your subcontractors? _____
- 13) When there is a claim what is your procedure? _____

DESIGN and/or SHOP DRAWINGS

- 1) Are any outside firms subcontracted by the insured for the design/engineering work? Yes No
- 2) Are certificates of Professional Liability required from the subcontractor? Yes No
- 3) Are any shop drawings for the sprinkler systems prepared by the insured? Yes No
- 4) What percentage of all design work is done in house? _____
- 5) Do you do any design work for other firms? Yes No
- 6) Design work done by NICET or experienced designers (not PE's)
List names of individuals ON your staff who design and/or modify plans along with their qualifications
 _____ NICET LEVEL _____ Years Experience _____
 _____ NICET LEVEL _____ Years Experience _____
 _____ NICET LEVEL _____ Years Experience _____



- 7) Design work done by PE's ON staff
- a. Does the PE do any stamping or sealing? Yes No
 - b. Does the PE stamp or seal plans for outside firms? Yes No
 - c. Does your firm or the individual PE on staff carry separate professional liability? Yes No
 - d. Does your PE do any engineering work on behalf of the named insured for projects where the insured has no construction activities? Yes No
If yes, please explain _____
 - e. Does the PE do any non fire sprinkler engineering work? Yes No
If yes, please explain _____
 - f. Has the insured ever had any Professional Liability claims? Yes No
If yes, please explain _____

FIRE EXTINGUISHER CONTRACTORS

- 1) What is the payroll of the fire extinguishers - service/repair? _____
- 2) What are the gross extinguisher sales? _____

FIRE EQUIPMENT DEALERS

- 1) Is the applicant an "authorized dealer" for any specific manufacturer(s)? Yes No
If yes, please list names: _____
- 2) Are you a distributor of health or medical safety equipment? Yes No
- 3) Please attach a list of supplies sold if you are a fire equipment dealer.
- 4) Do you obtain certificates of insurance from your suppliers? Yes No
- 5) Are you an additional insured on their policy? Yes No
- 6) Do you modify any products manufactured by others? Yes No
If yes, please describe? _____
- 7) Do you import products? Yes No
- 8) What are your annual gross sales? _____

**IF A QUOTE FOR WORKER'S COMPENSATION* COVERAGE IS BEING REQUESTED
PLEASE COMPLETE AN ACORD WORKER'S COMPENSATION APPLICATION AND
OUR CONTRACTOR'S WORKER'S COMPENSATION QUESTIONNAIRE
(*Workers Compensation not applicable in Michigan or Ohio)**

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.

| | |
|-----------------------|------|
| Applicant's Signature | Date |
| Agent's Signature | Date |