

## Fire Suppression & Extinguisher Installation, Service or Repair Renewal Application

**General Information**

1. Name: \_\_\_\_\_

Additional Named Insured – please include description of operations for each: \_\_\_\_\_

Is there at least 51% common ownership between all names?  Yes  No

2. Physical Address: \_\_\_\_\_

Street City/County/State/Zip

3. Mailing Address: \_\_\_\_\_

Street City/County/State/Zip

4. Insured Email Address: \_\_\_\_\_

5. Inspection Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Audit Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Claims Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Policy proposed effective date: \_\_\_\_\_ to \_\_\_\_\_

Website: \_\_\_\_\_

7. Does the applicant participate, or plan to participate, in any owner-controlled insurance program (OCIP)/wrap-up jobs?  Yes  No

8. Operations

	Field Payroll*	Sales (Current Year)*
Automatic sprinkler installation/service/repair/inspection/testing	\$	\$
Chemical/Ansul Systems	\$	\$
Fire extinguisher servicing, refilling and/or testing	\$	\$
Grease cleaning	\$	\$
Alarm installation/inspection/testing/service/repair**	\$	\$
Alarm monitoring**	\$	\$
Design	\$	\$
Clerical	\$	\$
Other: _____	\$	\$
Retail sales of equipment (please describe) – do not include cost of equipment used for an installation/repair job: _____	\$	\$

*\*Please exclude field payroll and current year sales covered under OCIP, if participating.*

*\*\*Please complete the first two pages of the Alarm Supplemental Application which can be found on our website.*

9. Does the applicant use any subcontractors?  Yes  No

If yes, please indicate annual cost? \$ \_\_\_\_\_

a. What kind of work is subcontracted: \_\_\_\_\_

b. Does the applicant obtain Certificates of Insurance?  Yes  No

c. Is the applicant added as an additional insured by their subcontractors?  Yes  No

d. Does the insured require all subcontractors to carry equal or greater limits of insurance and provide hold harmless status in favor of the insured?  Yes  No

10. Indicate percentage of:

Operations		Client Base			
New Installations	%	Commercial	%	Offshore Exposures	%
Retrofit/Renovations	<del> </del>	Institutional	%	Oil Refineries	%
Occupied	%	Industrial	%	Nursing Homes	%
Unoccupied	%	Apartments	%	Assisted Living Facilities	%
Vacant	%	Single Family	%	Airports	%
Design	%	Condos	%	Other Aviation Facilities	%
Service/Repair	%	Tract Housing	%	Chemical Plants	%
Inspection/Testing	%	Custom Homes	%	Nuclear Plants	%
<b>Total</b>	<b>100%</b>	Hospitals	%	Computer Rooms	%
		Penal Institutions	%	Museums	%
		Theaters >100 seating	%	Libraries	%
		Hotels	%	Restaurants (other than kitchen hood & duct work)	%
		Cannabis Facilities	%	Kitchen hood and duct work	%
				<b>Total</b>	<b>100%</b>

11. Does the applicant use PVC or CPVC piping?  Yes  No
- a. If yes, what percentage of installations are PVC or CPVC? \_\_\_\_\_ %
- b. Does the insured strictly adhere to the manufacturer's cure times?  Yes  No
- c. Is pressure testing completed according to the manufacturer's specifications?  Yes  No
- d. Are all installers properly certified by the applicable manufacturers?  Yes  No
- e. Are all installers properly certified by the applicable manufacturers?  Yes  No
- f. Are training and certifications renewed every 2 years?  Yes  No
- g. Is PVC/CPVC piping used in wet sprinkler systems only?  Yes  No
- h. Does the insured use CPVC piping and fittings that are in their original packaging?  Yes  No
- i. Where is the PVC/CPVC piping stored? \_\_\_\_\_

12. Does the applicant currently and/or anticipate performing any installation, service, inspection and/or repair of fire suppression systems aboard aircrafts, automobiles, mobile equipment, boats, yachts and/or food trucks?  Yes  No
- If yes, please describe: \_\_\_\_\_

13. Does the applicant perform any manufacturing?  Yes  No
- If yes, please describe: \_\_\_\_\_

14. Does the applicant sell any type of protective clothing, fire resistant clothing, life support equipment and/or breathing equipment?  Yes  No
- If yes, please describe: \_\_\_\_\_

15. Does the applicant sell and/or service AEDs?  Yes  No
- If yes, does applicant have Vendors Additional Insured coverage from the manufacturer?  Yes  No
- Please provide annual sales related to this work: \$ \_\_\_\_\_

16. Does the applicant perform any work in the state of New York?  Yes  No
- If yes, what percentage is performed within the 5 Boroughs: \_\_\_\_\_ %

17. Total Number of Employees:

	Full-Time	Part-Time
Employees (other)		
Field Employees		
Total		

18. Has the insured been cited for any OSHA violations in the last 3 years?  Yes  No  
 If yes, please explain: \_\_\_\_\_

19. **Is the insured performing any new or different operations since last year that are not reflected on this application?**  Yes  No  
 If yes, please describe in detail: \_\_\_\_\_

**NOTICE TO APPLICANTS:** THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLELY ON THE INFORMATION PROVIDED. THE SIGNOR WARRANTS THAT TO THEIR BEST KNOWLEDGE ALL INFORMATION GIVEN IS TRUE AND ACCURATE. IF THE UNDERSIGNED LEARNS OF ANY MATERIAL CHANGE IN THE INFORMATION, YOU MUST PROVIDE IT TO THE UNDERWRITERS.

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Name (type or print)

**NOTICE TO PRODUCERS:** THE PRODUCER HEREBY WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ License Number \_\_\_\_\_  
 Name (type or print)

**OPTIONAL COVERAGES**

(Please attach an ACORD application)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Property                  | <input type="checkbox"/> Contractors Equipment        | <input type="checkbox"/> EDP             |
| <input type="checkbox"/> Business Auto             | <input type="checkbox"/> Workers' Compensation        | <input type="checkbox"/> Umbrella/Excess |
| <input type="checkbox"/> Crime/Employee Dishonesty | <input type="checkbox"/> Employment Related Practices | <input type="checkbox"/> Pollution       |

**Please complete below if requesting Auto, Umbrella, Workers' Compensation and/or Hired & Non-Owned coverage.**

- |  |  |
|--|--|
| a. Are applicants' MVRs reviewed upon hire and annually thereafter?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Are standards for acceptable drivers in place?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Is an action plan in place if acceptability standards are not met?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Are all drivers between 21 and 70 years old?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. If over 70, are medical certificates stating that he/she has no medical issues that would preclude him/her from driving, available? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Does the insured have an acceptable Fleet Safety Program in place?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Is a Vehicle Maintenance Program in place?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Is personal usage of vehicles allowed?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. Does the insured have a written personal use policy in place?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j. Is the original cost new of all vehicles less than \$100,000?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered "No" to any of the above questions, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**UMBRELLA QUESTIONNAIRE**

Please complete only if requesting umbrella coverage.

*\*\*ACORD Application & 5 Years of Auto Loss Runs required for Umbrella coverage.*

- |   |  |
|---|--|
| 1. With the exception of lienholders, are any vehicles not solely owned by and registered to the applicant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do over 50% of the employees use their autos in the business?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are any vehicles leased to others?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are any vehicles customized, altered, or have special equipment?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do operations involve transporting hazardous material?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are any vehicles used by family members or non-employees?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Does the applicant have a specific driver recruiting method?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered "Yes" to any of the above questions, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WORKERS' COMPENSATION**

Information Required with Submission (Please attach):

- ACORD Workers' Compensation Application
- 5 Years Currently Valued Loss Run Statements
- Experience Modification Worksheet
- Risk Identification Number for the NCCI or Appropriate State Rating Bureau or State Fund

1. Is the current coverage now in Assigned Risk, State Fund or Voluntary Market?  Yes  No
2. Has any insurance carrier canceled or refused to renew within the past 3 years?  
(Not applicable for Missouri accounts or residents).  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
3. Employee Benefits Program:  Group Medical  401k  Other: \_\_\_\_\_
4. Do you have a transitional duty (light duty) program?  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
5. Who is responsible for safety? \_\_\_\_\_
6. Do you have a formal safety committee?  Yes  No  
If yes, how frequently does it meet and who attends? \_\_\_\_\_  
\_\_\_\_\_

### WC WAIVER OF SUBROGATION

- Blanket       Individual

Please provide the names, addresses & class codes/payroll of all contracts requiring an individual waiver of subrogation.

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### CRIME

Please complete only if requesting crime coverage.

1. Does the applicant allow bank account reconciliation to be completed by an individual that also has access to the account?  Yes  No
2. Does the applicant require countersignature of checks?  Yes  No
3. Are securities subject to joint control by two or more responsible parties?  Yes  No
4. Does the applicant require all officers and employees to take annual vacations of at least five consecutive business days?  Yes  No
5. Does the applicant have a written policy for Electronic Funds Transfer?  Yes  No
6. Does the applicant have daily deposits at a minimum?  Yes  No
7. Does the applicant's financial institution verify authenticity with another insured employee prior to the transfer of funds?  Yes  No
8. If you answered "no" to any of the above questions, please explain: \_\_\_\_\_

## FRAUD WARNINGS

- GENERAL:** 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. **(Applicable in all states other than those listed below. If you are located in one of these states, please take time to review the appropriate warning prior to submitting your application.)**
- ALABAMA:** 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.
- ARIZONA:** For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
- ARKANSAS:** 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.
- CALIFORNIA:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- COLORADO:** 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 Agencies.
- DISTRICT OF COLUMBIA: 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.
- FLORIDA:** 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.
- IDAHO:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.
- KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
- LOUISIANA:** 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.
- MAINE:** 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.
- MARYLAND:** 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.
- NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- NEW MEXICO:** 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 CIVIL FINES AND CRIMINAL PENALTIES.
- 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.
- OHIO:** 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.

**OKLAHOMA:** 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.

**OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**PENNSYLVANIA:** 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 subjects such person to criminal and civil penalties.

**RHODE ISLAND:** 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.

**TENNESSEE:** 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.

**VERMONT:** 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.

**VIRGINIA:** 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.

**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 may include imprisonment, fines, or denial of insurance benefits.

**WEST VIRGINIA:** 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.

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