

**Fire Suppression & Extinguisher Installation, Service or Repair 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. Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

7. Website: \_\_\_\_\_ FEIN: \_\_\_\_\_

8. Date Established: \_\_\_\_\_ License No. \_\_\_\_\_

Sole Proprietor  Partnership  Corporation  LLC  Other: \_\_\_\_\_

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

10. Current coverage expires/expired on: \_\_\_\_\_

11. Deductible:  \$1,000  \$2,500  \$5,000  Other: \_\_\_\_\_

12. Does the applicant participate, or plan to participate, in any owner-controlled insurance program (OCIP)/wrap-up jobs?

Yes  No

13. Operations

	Field Payroll*	Sales*
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 sales covered under OCIP, if participating.

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

14. 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

15. 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>

16. 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: \_\_\_\_\_

17. Does the applicant fill any type of oxygen tanks (including SCBA tanks)?  Yes  No

18. Does the applicant design sprinkler systems or extinguisher systems?  Yes  No

- a. If yes, what qualifications do the designers have:  NICET III  PE (Professional Engineer)  
 Other (please describe): \_\_\_\_\_

b. Does the applicant provide design work for other firms?  Yes  No

19. Does the applicant do any retrofit and/or tenant improvement work?  Yes  No

If yes, what percentage? \_\_\_\_\_ %

When performing retrofit, are steps taken and documented to protect the building, flooring, ceilings, furnishings and/or other property?  Yes  No

20. Does the applicant work around known asbestos exposures and/or do they perform an asbestos removal?

21. Does the applicant use PVC or CPVC piping?  Yes  No

a. If yes, what is the insured's annual percentage of work using PVC/CPVC piping? \_\_\_\_\_ %

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 training or certifications renewed every 2 years?  Yes  No

f. Is PVC/CPVC piping used in wet sprinkler systems only?  Yes  No

g. Does the insured use CPVC piping and fittings that are in their original packaging?  Yes  No

h. Where is the PVC/CPVC piping stored? \_\_\_\_\_

22. Does the applicant perform any manufacturing?  Yes  No

If yes, please describe: \_\_\_\_\_

23. Does the applicant have retail sales of equipment?  Yes  No

If yes, are all products made and distributed in the U.S.?  
 Yes  No

If yes, does the applicant receive Additional Insured – Vendor coverage from the manufacturer/dealer?  
 Yes  No

If no to either of the above two questions, please explain: \_\_\_\_\_

24. 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: \_\_\_\_\_  
 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 \$ \_\_\_\_\_
25. Does the applicant do any trenching work?  
 Yes  No
26. Does the applicant ever hook up to the center main (piping leading to the municipal water supply)?  
 Yes  No
27. Does the insured perform fire extinguisher training?  
 Yes  No  
 If yes, is it for current clients only?  
 Yes  No  
 Does the insured set a live fire?  
 Yes  No  
 If yes, is the fire always set outdoors and away from any property/buildings?  
 Yes  No
28. Describe applicant’s training program for technicians and/or service personnel: \_\_\_\_\_
29. Describe screening procedures for prospective employees: \_\_\_\_\_
30. Is the applicant a member of any professional associations?  
 Yes  No  
 If yes, please describe: \_\_\_\_\_
31. Does the applicant perform any work in the state of New York?  
 Yes  No  
 If yes, what percentage is performed within the 5 Boroughs? \_\_\_\_\_ %

**QUALITY & SAFETY CONTROLS**

1. Are shop drawings for sprinkler system installations prepared by the applicant?  
 Yes  No  
 If yes, describe how such drawings are checked for compliance with the specifications of the system: \_\_\_\_\_
2. Is there a procedure when a system impairment is found or created?  
 Yes  No  
 If yes, please explain: \_\_\_\_\_
3. How does the field supervisor assure quality (i.e. checklists, daily visits etc.)? \_\_\_\_\_
4. Are records maintained on all service, repair, and/or testing performed?  
 Yes  No  
 a. If yes, are inspections and test certificates documented in the permanent job file?  
 b. How long are records retained? \_\_\_\_\_
5. Who at the applicant’s firm verifies at job completion that all work complies with NFPA standards? \_\_\_\_\_
6. What specific warranties do you give on an outright sale? \_\_\_\_\_
7. Has the insured been cited for any OSHA violations in the last 3 years?  
 Yes  No  
 If yes, please explain: \_\_\_\_\_

8. Total Number of Employees:

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

**Additional Coverages (Check all that apply):**

Additional Insureds:  Individual  Blanket  
 Waiver of Subrogation:  Individual  Blanket  
 Primary Wording:  Individual  Blanket

Per Project Aggregate  Employee Benefits Liability  Stop Gap  Hired/Non-Owned Auto  Pollution

**CURRENT GENERAL LIABILITY INFORMATION**

1. Please provide name of carriers, premiums paid, limits, sales, deductibles, and loss runs for the past 5 years.

	YR: _____	YR: _____	YR: _____	YR: _____	YR: _____
Carrier					
Premium					
Payroll					
Deductible					
Losses					

2. Has any company canceled or declined to renew in the past 5 years?  Yes  No  
 (Not applicable for Missouri accounts or residents.)

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

3. Has the applicant ever had a lapse in coverage?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**CLAIM INFORMATION**

1. Make sure to attach 5 years of currently valued loss runs. (Valued no more than 3 months from date of application.)  
 2. Does Applicant require staff to report all unusual incidents and are all incident reports reviewed by management?  Yes  No

3. Does Applicant have any knowledge concerning any incidents that have occurred prior to the date of this application that may give rise to a future claim?  Yes  No

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.

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

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

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

## 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.

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

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

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**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?  Yes  No
- 2. Do over 50% of the employees use their autos in the business?  Yes  No
- 3. Are any vehicles leased to others?  Yes  No
- 4. Are any vehicles customized, altered or have special equipment?  Yes  No
- 5. Do operations involve transporting hazardous material?  Yes  No
- 6. Are any vehicles used by family members or non-employees?  Yes  No
- 7. Does the applicant have a specific driver recruiting method?  Yes  No

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

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**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?  Yes  No  
(Not applicable for Missouri accounts or residents)

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.

\_\_\_\_\_  
\_\_\_\_\_

### 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
7. If you answered "no" to any of the above, please explain: \_\_\_\_\_  
\_\_\_\_\_

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