



INSURANCE AGENCY, INC.
 PRIMARY / EXCESS AND SURPLUS LINES BROKERS
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**FIRE SUPPRESSION PROGRAM
 APPLICATION FOR GENERAL LIABILITY**

Name of Applicant: _____

DBA: _____

Operating as Individual Partnership Corporation Other

Mailing Address: _____ City _____ County _____ State _____ Zip _____

Primary Location: _____ City _____ County _____ State _____ Zip _____

Additional Location: _____ City _____ County _____ State _____ Zip _____

Contact _____ Title _____

Phone _____ Requested Effective Date: _____

Years in Business under the above name: _____ Have you operated under any other name within the past 10
 Years? Yes No Additional Years of Experience: _____ Describe: _____

EXPOSURE CATEGORIES

A. SPRINKLER SYSTEMS (94381)

ANNUAL RECEIPTS:

Projected Year	1 st Prior Year	2 nd Prior Year

1. What percentage of your receipts are from:
 a.) Installation _____ % b.) Service/Repair _____ % c.) Testing _____ %
 d.) Design _____ %

If any percentage is allocated to testing, how much is in buildings that are 5 stories or more? _____

TYPES OF ACCOUNTS SERVICED:

Office/Retail _____ % Industrial/Manufacturing _____ % Restaurants _____ %
 Apartment/Condos _____ % Hotel/Motel (5 stories +) _____ % Hospital/Nursing Home _____ %
 Single Family Residential _____ % Airports/Aviation _____ % Schools/Institutions _____ %
 Marine or Off Shore _____ % Research Facilities/Labs _____ % Other _____ %

Is any new construction or tenant improvement work done in buildings over five stories? Yes No

If Yes, please describe: _____

Percentage of Work: Commercial _____ % Residential _____ %

Estimated Number of Jobs Annually: _____ Average Cost per Job \$ _____

Estimated Length of Job Time: _____ Maximum number of jobs running concurrently: _____

Do you design systems for anyone other than for your own installations? Yes No If yes, please explain:

Do you install, service, test or inspect Fire Pumps? Yes No

B. PLUMBING

Do you do any plumbing work other than specifically for sprinkler systems? Yes No If Yes, do you operate under the same name? Yes No If No, under what name do you operate? _____

If you provide plumbing services, other than sprinkler systems, please describe the work performed and indicate plumbing revenues for past three years: _____

C. ENGINEERED AND PRE-ENGINEERED SYSTEMS (94382)

ANNUAL RECEIPTS:

Projected Year	1 st Prior Year	2 nd Prior Year

1. What percentage of your receipts are from:
a.) Installation _____ % b.) Service/Repair _____ % c.) Product Sales _____ %
d.) Design _____ % e.) Grease Cleaning _____ %

Do you install, service or test halon systems? Yes No
If yes, what percentage of your work? _____ %

D. EXTINGUISHERS (94304)

ANNUAL RECEIPTS:

Projected Year	1 st Prior Year	2 nd Prior Year

1. What percentage of your receipts are from:
a.) Installation _____ % b.) Service/Repair _____ % c.) Testing _____ %
d.) Other _____ %

TYPES OF ACCOUNTS SERVICED:

Office/Retail _____ % Industrial/Manufacturing _____ % Restaurants _____ %
Apartment/Condos _____ % Hotel/Motel (5 stories +) _____ % Hospital/Nursing Homes _____ %
Single Family Residential _____ % Airports/Avaition _____ % Schools/Institutions _____ %
Marine or Off Shore _____ % Research Facilities/Labs _____ % Other _____ %

E. FIRE ALARMS (91127)

ANNUAL RECEIPTS:

Projected Year	1 st Prior Year	2 nd Prior Year

1. What percentage of receipts are from Installations? _____ % Monitoring? _____ %
2. Do you provide installation, service or monitoring for burglar alarm or life support systems? Yes No

CONTRACT INFORMATION:

Please list the percentage of your work for each of the following:

General Contractors _____ % General Public _____ % Fire Department _____ %
 Municipalities _____ % Military/Government _____ %
 Other (describe) _____ % _____

PRIOR INSURERS (Last Three Years):

Year	Company	Limits	Premium	Deductible

In the past three years, has any insurance company cancelled or refused to renew your liability insurance?
 Yes No If yes, please explain: _____

CLAIMS HISTORY (Last Three Years - If none, please state "none"):

Date of Claim	Description of Loss

LICENSING

State Portable License Number:	State License Not Required: <input type="checkbox"/>
State Systems License Number:	State License Not Required: <input type="checkbox"/>
State Sprinkler License Number:	State License Not Required: <input type="checkbox"/>

PRODUCT INFORMATION:

Does your company sell, retail/wholesale, any type of life support equipment or protective clothing? Yes No
 If yes, explain: _____

Are you an authorized dealer for any manufacturer Yes No If yes, please list below:

Name of Manufacturer	Products Line Represented

Do you have a Broad Form Vendors Endorsement from the Manufacturer? Yes No

Are all the products used in conjunction with your business purchased in the United States? Yes No
Do you offer your clients any type of service contract? Yes No If Yes, please attach a copy.

Do you operate any other business under the above name or at any of your location(s)? Yes No
If Yes, please describe: _____

Do you belong to any trade associations? Yes No If yes, please list: _____

Describe owner's duties or involvement in daily operations: _____

Do you work in any state other than the one where your office/shop is located? Yes No If yes, please list: _____

Do you maintain records on all service, repair or testing: Yes No If Yes, for how many years? _____

Do you subcontract any work? Yes No If Yes, please explain: _____

Do you require Certificates of Insurance from Subcontractors? Yes No If Yes, do you require limits of liability at least equal to your own limits? Yes No

APPLICANTS WARRANTY:

Applicant warrants that the above information is true and complete. Applicant understands that the insurer will rely on this information for purposes of acting on this application for insurance. This application will become part of any policy issued. The provision of false information in an application for insurance is insurance fraud, which is a crime in many states.

Applicant's Signature _____
Date

Applicant's Name _____
Title

Submitting Producer: _____ **License #** _____

Producer Signature: _____ **Date:** _____

IMPORTANT: THIS IS NOT A BINDER OR OFFER OF COVERAGE