

Fire Suppression & Extinguisher Installation, Service or Repair Supplemental

Advisor: _____

Applicant/Insured: _____

1. Type of operations and revenues completed.

| | Field Payroll | Sales |
|--|---------------|----------|
| Automatic sprinkler installation, service, and/or repair | \$ _____ | \$ _____ |
| Chemical/Ansul Systems | \$ _____ | \$ _____ |
| Fire extinguisher servicing, refilling and/or testing | \$ _____ | \$ _____ |
| Grease cleaning | \$ _____ | \$ _____ |
| Alarm installation | \$ _____ | \$ _____ |
| Alarm monitoring | \$ _____ | \$ _____ |
| Design | \$ _____ | \$ _____ |
| Clerical | \$ _____ | \$ _____ |
| Other: _____ | \$ _____ | \$ _____ |
| Retail sales of equipment (please describe): _____ | \$ _____ | \$ _____ |

2. Indicate percentage of:

| Operations | | Client Base | |
|-----------------------|---|-----------------------|---|
| New Installations | % | Commercial | % |
| Retrofit/Renovations: | | Institutional | % |
| Occupied | % | Industrial | % |
| Unoccupied | % | Apartments | % |
| Vacant | % | Single Family | % |
| Design | % | Condos | % |
| Service/Repair | % | Tract Housing | % |
| Inspection/Testing | % | Custom Homes | % |
| | | Hospitals | % |
| | | Penal Institutions | % |
| | | Theaters >100 seating | % |
| | | Restaurants | % |

3. Does applicant install, service and/or repair fire suppression systems aboard aircraft, automobiles, mobile equipment, boats or yachts? ___ Yes ___ No

If yes, please describe: _____

4. Does applicant fill any type of oxygen tanks? ___ Yes ___ No

5. Does applicant design sprinkler systems or extinguisher systems? ___ Yes ___ No

If yes, what is the designer qualifications: _____ NICET III _____ PE (Professional Engineer)

_____ Other (please describe): _____

Does the applicant provide design work for others? ___ Yes ___ No

6. Does applicant do any retrofit and/or tenant improvement work for residential properties? ___ Yes ___ No

7. How does applicant protect their workers from exposure to asbestos? _____

8. Do the job proposals include an asbestos clause allowing for the removal of asbestos prior to work completion? _____ Yes _____ No

9. Is PVC or CPVC Piping used by the applicant? _____ Yes _____ No

If yes, what percentage of their installations are PVC or CPVC? _____%

Does the insured strictly adhere to the manufacturer's cure times?

Is pressure testing completed according to the manufacturer's specifications?

Are all installers properly certified by the applicable manufacturers?

Are training or certifications renewed every 2 years?

Is CPVC/PVC piping used in wet sprinkler systems only?

Does the insured use CPVC piping and fittings that are in their original packaging?

Where is the CPVC/PVC piping stored? _____

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

10. Does applicant manufacture any fire protection equipment? _____ Yes _____ No

11. Does the applicant sell any type of protective clothing or life support equipment? _____ Yes _____ No

If yes, please describe: _____

12. Does the applicant do any trenching work? _____ Yes _____ No

13. Describe applicant's training program for technicians and/or service personnel: _____
