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SPRINKLER CONTRACTORS LIABILITY APPLICATION

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

Business Name _____

Principal(s) _____

Subsidiaries, Partners and Joint Ventures: _____

Mailing Address _____

Website Address _____

Applicant is: Individual Partnership Corporation Joint Venture

Other - _____

of Years in Business _____

of Years Experience _____

If new operation/company, describe work experience of the principals: _____

Limit of Liability required: \$1,000,000 \$2,000,000 \$5,000,000 Other _____

Deductible: \$1,000 \$2,500 \$5,000 Other _____

Additional Coverage (A separate application is required for each coverage listed below)

Do you require Employee Dishonesty? Yes No

Do you require a Provincial Licensing Bond? Yes No

Do you require Property coverage? Yes No

Provide details of all liability insurance carried:

Name of Insurer	Policy Limit	Deductible	Period	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is renewal being offered? Yes No If no, explain _____

Is applicant a member of the Canadian Automatic Sprinkler Association? Yes No

CASA membership class? Class A Class B Class C



LIABILITY INFORMATION

Operations

Additional Locations List locations and occupations:

	Address	% occupied by Applicant	Square Footage	R/Cost of Rented Portion
1	_____	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	_____	_____
2	_____	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	_____	_____

Is Tenants Legal Liability required? Yes No

If Yes, state limits required for each location _____

For the preceding 12 month period, what was your ACTUAL Revenue \$ _____ and ACTUAL Payroll \$ _____

ANNUAL VOLUME PER OPERATION				TOTAL
Type of Work	Contracts new Construction	+Contracts Retrofit	+ Inspection & Testing	Estimated (next year)
Installation				
Service				
Design				
Sublet Work				

ANNUAL VOLUME PER OCCUPANCY			TOTAL
Commercial	+ Institutional	+ Residential	

OTHER OPERATIONS OUTSIDE OF SPRINKLER WORK		
Describe Work	Estimate Revenue	Subject %

Number of Employees by position: Management _____ Supervisors _____ Accredited workers _____ Clerical/others _____

Are all employees covered by Workers' Compensation? Yes No

If no, provide detailed split between different types of occupation/ number of employees/ payroll _____

Are all products U.L.C. approved or similar? Yes No

100% of the products used in your installations are from Canadian and/or USA manufacturers? Yes No

If no, please advise the following:

a) List of products which are purchased from foreign manufactures:

b) Which countries are products in a) manufactured in?

c) Are foreign products purchased directly from the manufacturers, OR from a local distributor?

d) Percentage of total products purchased from foreign manufacturers? _____

e) Do you alter the products in any way, before installation?

Yes No

f) Do you re-label the products?

Yes No



Do you have any U.S. sales? Yes No If yes, please indicate how much \$ _____

If U.S. Sales & Operations, which products or services? _____

Do you sublet work? Yes No If yes, please indicate annual gross cost \$ _____

Describe work sublet _____

Do you secure Liability Certificates from sub-contractors? Yes No Limit required: \$ _____

Are hold harmless agreements in favor of your company in place from suppliers? Yes No

If you or your employees drive vehicles for business that are NOT Owned or Leased in the Company Name, please provide following details:

No of vehicles: _____ Highest value: \$ _____ Total estimated number of days _____

Design Work

Do you provide your own system design work? Yes No

If yes: do individuals performing design work have a professional engineer (P.E.) designation? Yes No

If no: Please explain: _____

Years experience in sprinkler system design? _____

Do you provide design work for others? Yes No If yes, % of work for others _____ %

Is available computer software uses to develop or check system layout and adequacy? Yes No

Type of systems designed:

Wet Pipe Dry Pipe Deluge Preaction Hydraulically calculated Special Hazard

If designing special hazard, describe type and occupancy use: _____

When required, are design plans approved by: Architects Municipal Authorities

Claims

Loss History

List all Liability claims paid or outstanding in the last five (5) years. (Please include any lost key coverage claims.) **If the have been no claims, please indicate "NO CLAIMS". A blank or N/A is not acceptable.**

Date	Description of Loss	Amount Reserved	Amount Paid	Insurer

Risk Management

Are checklists always used on job sites to assure that workmanship and system testing are performed? Yes No

If yes: Do the checklists require signoffs and dates for all critical items? Yes No

Do the checklists include type of work performed? Yes No

Do checklists include replacement parts and recharged equipment? Yes No

Do checklists used on-site become part of the permanent job file? Yes No

How long are files for each job maintained? Yes No

If no, please explain: _____



During all retrofit/repair work:

Are steps taken and documented to protect building, flooring, ceilings, furnishings and other property? Yes No

Are red tags used when valves are closed? Yes No

Do you warn the customer against deactivating parts of the system? Yes No

Do you provide the customer with red tags, to be placed on valves that are closed temporarily? Yes No

Do you require documented acknowledgement of acceptance of owners after installation? Yes No

If parts or a whole sprinkler system must be left shut down during the day or overnight, which of the following are notified:

If yes to any of the above, please provide full details and revenue: _____

Local Fire Department Building Owner Alarm Company Insurance Carrier

Is any record kept of such notices? Yes No

Do you require testing of all systems, whether new construction, retrofit or repair, before final sign-off? Yes No

If no, please explain: _____

Do you require water supply test to ensure adequate supply for the system? Yes No

If no, please explain: _____

Final Signoff of completed system by: Municipal Authority General Contractor Building Owner

Do you sell, install or service fire protection or extinguishing systems for: i) Sawmills Yes No

ii) Logging, Forestry, Contractors' or other Mobile Equipment Yes No iii) Aircraft or Watercraft Yes No

Do you provide any services at Airports? Yes No If yes, revenue \$ _____

Describe services provided: _____

Number of Installers? _____ Please describe minimum training or certification: _____

Name of supervisor/foreman _____ Qualifications _____ Years experience _____

Are all jobs inspected by the supervisor/foreman? Yes No

BROKER INFORMATION

Is this account NEW to your office? Yes No If no, how long have you known the applicant? _____

Is the operation financially sound? Yes No Do you recommend this applicant? Yes No

Current expiry date? _____ Expiring Premium _____ Renewal Premium _____

Other markets approached _____

Comments: _____

Signatures

(Signature of Insured)

(Position in Organization)

(Date)

(Signature of Broker)

(Date)

Name of Insurance Brokerage

Complete address of Insurance Brokerage