



Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205

New Submissions: [protectiveservices@tottengroup.com](mailto:protectiveservices@tottengroup.com) Website: [www.tottengroup.com](http://www.tottengroup.com)

**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