



# Boston Insurance Specialists, Inc.

800 South Main Street, Suite 101, Mansfield, MA 02048  
Phone: 800.784.1887, Fax: 508.337.3698

## Fire Sprinkler Contractor General Liability Application

Applicant's Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Location \_\_\_\_\_  
 \_\_\_\_\_  
 Web site Address \_\_\_\_\_

Agency Name \_\_\_\_\_  
 Agent \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Phone \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

**Applicant is:**  Individual     Corporation     Partnership     Joint Venture  
 Limited Liability Company     Other (Specify): \_\_\_\_\_

### ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	
Other Coverages, Restrictions, and/or Endorsements		Total
Deductible	\$	\$

1. **Contact person:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Contact person is:**  Owner     General Manager     Other: \_\_\_\_\_  
**Daytime phone number:** \_\_\_\_\_ **Nighttime phone number:** \_\_\_\_\_  
**Fax number:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_
2. **How long have you been in business?** \_\_\_\_\_ yrs. **Total number of employees:** \_\_\_\_\_



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3. Are you licensed? .....  Yes  No

If no, explain: \_\_\_\_\_

Number of employees with NICET Certification: Level I \_\_\_\_\_ Level II \_\_\_\_\_

Level III \_\_\_\_\_ Level IV \_\_\_\_\_

4. Estimated annual

a. Payroll \$ \_\_\_\_\_ b. Sales \$ \_\_\_\_\_

5. Your Operations (show sales and payroll for each)	Payroll	Sales
a. Retrofit (vacant)	\$ _____	\$ _____
b. Retrofit (occupied)	\$ _____	\$ _____
c. Design	\$ _____	\$ _____
d. Service / Repair	\$ _____	\$ _____
e. Inspection	\$ _____	\$ _____
f. New Installation	\$ _____	\$ _____
g. Other—Describe:	\$ _____	\$ _____
h. Does applicant have other business ventures for which coverage is not requested? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain and advise where insured: _____		

6. Projects/Client Base

Aircraft Hangers	%	Government Buildings	%	Offshore Exposure	%
Apartments	%	Hospitals	%	Rack Storage	%
Casinos	%	Hotels	%	Refineries	%
Chemical, Fertilizer or Petrochemical	%	Manufacturing	%	Schools	%
Churches	%	Mercantile	%	Single Family	%
Condos/Townhouses	%	Nuclear Power Plants	%	Theaters > 100 Seating	%
Detention/Correctional Facilities	%	Nursing Homes	%	Warehouses	%
Special Hazards:	%	Describe:			%

7. Do you install extinguishing systems in vehicles, mobile equipment, watercraft, or aircraft? .....  Yes  No

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

8. Types of Sprinkler Systems

Installation/Repair/Service Inspection		Type Designed by You	
Deluge	%	Deluge	%
Dry Pipe	%	Dry Pipe	%
Hydraulically Calculated	%	Hydraulically Calculated	%
Preaction	%	Preaction	%
Wet Pipe	%	Wet Pipe	%



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Special Hazards:		Special Hazards:	
Carbon Dioxide	%	Carbon Dioxide	%
Dry Chemicals	%	Dry Chemicals	%
Foam	%	Foam	%

9. Do you do any manufacturing or sell anything under your own label? .....  Yes  No  
 If yes, explain: \_\_\_\_\_

10. Do you sell any items other than items which are installed by you? .....  Yes  No  
 If yes, provide listing of products sold: \_\_\_\_\_  
 Sales amount for these products? \_\_\_\_\_

11. Do you do design work for others? .....  Yes  No  
 If yes, percent of operation: ..... \_\_\_\_\_%  
 How do you handle requirements for PE stamp/seal? \_\_\_\_\_

12. Are design plans approved by:  
 Architects? .....  Yes  No  
 Municipal Authorities? .....  Yes  No

13. List your employees who design or modify plans and their experience.

Name of Employee	NICET Level	Years Of Design Experience

14. Do you design systems without performing installation? .....  Yes  No  
 If yes, percent of operation: ..... \_\_\_\_\_%

15. How often do you inspect and service customers' fire sprinkler equipment? \_\_\_\_\_

16. Are detailed records kept on all jobs? .....  Yes  No  
 If yes, for how long: \_\_\_\_\_

17. Have you ever installed any sprinkler heads that were subject to recalls? .....  Yes  No  
 If yes, name the brand: \_\_\_\_\_  
 If yes, have the sprinkler heads been replaced? .....  Yes  No  
 If no, explain: \_\_\_\_\_

18. Describe the procedure used for turning the fire sprinkler system over to the building owners: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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19. Describe the procedure used to document the distribution of NFPA 25 requirements to the building owners:

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20. Have you ever been involved or plan to be involved during the next twelve (12) months with a "wrap-up or OCIP"? .....  Yes  No

If yes, please provide the following information:

Project Name	Date	Project Description	Location	Revenues

21. List all major projects completed within the last three years, including work in progress and planned projects. (List project name, date, project description, location, and revenues.)

Project Name	Date	Project Description	Location	Revenues

22. Do you have an ongoing in-house training program for sprinkler fitters? .....  Yes  No

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

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23. Do you and your employees participate in the following professional organizations:

AFSA  NICET  NFPA  NFSA  SFPE  Other: \_\_\_\_\_

24. Do you have Workers' Compensation coverage in force? .....  Yes  No

25. Do you lease employees? .....  Yes  No

26. Do you subcontract work to others? .....  Yes  No

If yes, indicate type of work and cost: \_\_\_\_\_

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Are certificates of insurance obtained from all subcontractors? .....  Yes  No

What limits of liability do you require from all subcontractors? \_\_\_\_\_

27. What percentage of your work is with repeat customers? ..... \_\_\_\_\_%

28. List the states you have worked in during the last five years: \_\_\_\_\_

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29. Please attach:

- (A) Any descriptive or advertising literature;
- (B) Copy of usual performance contract with client;
- (C) Any hold harmless agreements executed in favor of client.



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**30. Do you limit your liability to a stated dollar amount (liquidated damages) on your contract with your clients?** .....  Yes  No

If yes, what is the maximum limit allowed? \_\_\_\_\_

What percentage of your contracts waives the liquidated damages clause?..... \_\_\_\_\_%

**31. During the past three years, has any company ever canceled, declined or refused to issue similar insurance to you (Not applicable in Missouri)?**.....  Yes  No

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

**32. Have you ever been named in claims or litigation regarding faulty or defective construction or workmanship?** .....  Yes  No

If yes, provide details and include how the issue was corrected or resolved: \_\_\_\_\_

**Previous Insurer and Loss History: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years or attach currently valued loss runs.**

YEAR	COMPANY	POLICY NUMBER	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

SCHEDULE OF HAZARDS									
Loc. No.	Classification	Class. Code	Premium Bases:		Terr.	Rate		Premium	
			(s) Gross Sales (p) Payroll (c) Total Cost	(a) Area (t) Other		Prem./ Ops.	Products	Prem./ Ops.	Products

**PROVIDE DETAILS OF ALL LOSSES IN EXCESS OF TEN THOUSAND DOLLARS (\$10,000).**



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**DO YOU HAVE THE FOLLOWING (IF YES, ATTACH COPY)?**

- Copy of usual performance contract with client? .....  Yes  No
- Descriptive advertising literature? .....  Yes  No
- Hold harmless agreements executed in favor of client? .....  Yes  No
- Installation warranty? .....  Yes  No
- Written safety program? .....  Yes  No

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:**

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 subjects such person to criminal and civil penalties.

**FRAUD WARNING NOTICE TO FLORIDA APPLICANTS:**

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 in the third degree.

**FRAUD WARNING NOTICE TO MAINE APPLICANTS:**

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.

**FRAUD WARNING NOTICE TO MARYLAND APPLICANTS:**

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.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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 include imprisonment, fines, and denial of insurance benefits.



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## FRAUD WARNING APPLICABLE IN THE STATE OF 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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

### IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.