



SUPPRESSION PRO APPLICATION

SECTION I – GENERAL INFORMATION

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

<p>1. Name of Applicant: _____</p> <p>DBA: _____ <i>(If applicable, include DBA or Trade Name.)</i></p>	<p>Requested Effective Date: _____</p>
<p>2. Mailing Address: _____ <i>(Street)</i></p> <p>_____ <i>(City)</i> _____ <i>(State)</i> _____ <i>(Zip Code)</i></p> <p>Physical Address: _____ <i>(Street)</i></p> <p>_____ <i>(City)</i> _____ <i>(State)</i> _____ <i>(Zip Code)</i></p> <p>Do you have any other Business Locations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Location Addresses on a separate paper.</p>	
<p>3. Business Owner(s): _____ Percentage(s) of Ownership: _____ % _____ %</p>	
<p>4. Phone: _____ Email: _____ Fax: _____ Website: _____</p>	
<p>5. Business Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other (Describe): _____</p>	
<p>6. Number of years in business under the above name: _____</p>	
<p>7. How many years of Fire Protection industry experience do the Owner and Manager have? Owner _____ Years Manager _____ Years</p> <p>A. Describe the Owner's prior Fire Protection industry experience: _____ _____</p> <p>B. Describe the Manager's prior Fire Protection industry experience: _____ _____</p>	
<p>8. Within the last 10 years, has the Applicant/Business Owner operated under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the Application/Business Owner currently own any other Entities or operate any other Businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes has been answered for either question, answer A-C.</p> <p>A. Provide name <u>and</u> describe operations: _____ _____</p> <p>B. Is this Entity/Business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. <u>If still active</u>, is there separate General Liability insurance in place for such operations? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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Phone 800.536.2285 Fax 949.336.4343

SECTION II – OPERATIONS

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

FIRE SUPPRESSION SYSTEMS (WET SPRINKLER SYSTEMS)			Not Applicable <input type="checkbox"/>
1. Provide your annual Field Payroll and Gross Sales for the Current Year and the 2 Prior Years:			
	Projected for Current Year	1st Prior Year	2nd Prior Year
Annual Field Payroll	\$ _____	\$ _____	\$ _____
Annual Gross Sales	\$ _____	\$ _____	\$ _____
2. Describe your operations by percentage (must equal 100%): Installation _____ % Service/Repair _____ % Testing _____ %			
3. Describe the types of accounts you handle by percentage (must equal 100%):			
Office Buildings _____ %	Schools/Institutions _____ %	Airports/Aviation Facilities _____ %	
Retail _____ %	Hospitals/Nursing Homes _____ %	Research Facilities/Labs _____ %	
Industrial/Mfg. _____ %	Apartment Buildings _____ %	Marine/Off Shore Facilities _____ %	
Restaurants _____ %	Condos/Town Homes _____ %	Other _____ %	
Hotels/Motels _____ %	Single Family Homes _____ %	Describe Other: _____	
4. Provide a percentage breakdown of your operations (each applicable line must equal 100%):			
Commercial Installation _____ %	+ Commercial Retrofitting, Service/Repair and/or Testing _____ %	= 100%	
Residential Installation _____ %	+ Residential Retrofitting, Service/Repair and/or Testing _____ %	= 100%	
5. Number of Single Family Home Installations:			
A. Completed in the Prior Year _____			
B. Projected for the Current Year _____			
6. In the past have you done, or are you currently doing, or do you plan to do any Installation and/or Service/Repair work in any of the housing types listed below? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, indicate which type(s).			
<input type="checkbox"/> Condominiums	<input type="checkbox"/> Townhouses	<input type="checkbox"/> Row Houses	
<input type="checkbox"/> Tract Home Developments consisting of 5 or more homes		<input type="checkbox"/> Tract Home Developments consisting of 25 or more homes	
7. Percentage of New Construction (i.e. Installation) operations in buildings that are 5 or more stories: _____ %			
8. Percentage of Tenant Improvement (i.e. Retrofitting) operations in buildings that are 5 or more stories: _____ %			
9. Percentage of Testing in buildings that are 5 or more stories: _____ %			
10. Do you Design systems <u>other than for your own Installations</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
11. Do you Install, Service/Repair, Test and/or Inspect Fire Pumps? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, answer A-B.			
A. Will you ever Retrofit a Fire Pump without Retrofitting the Fire Suppression System?			<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Do you ever Retrofit Fire Pumps in buildings that are 5 or more stories?			<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you use PVC and/or CPVC Piping? <input type="checkbox"/> Yes <input type="checkbox"/> No			
A. If yes, are you and/or your employees always on the job site at the time of final delivery and testing?			<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do you do any Plumbing Work <u>other than specifically for Sprinkler Systems</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, answer A-C.			
A. Under what name? _____			
B. Describe the work performed: _____			
C. Provide the associated Gross Sales for past 3 years: \$ _____			

ENGINEERED AND PRE-ENGINEERED FIRE SUPPRESSION SYSTEMS (RESTAURANT SYSTEMS)			Not Applicable <input type="checkbox"/>
1. Provide your annual Field Payroll and Gross Sales for the Current Year and the 2 Prior Years:			
	Projected for Current Year	1st Prior Year	2nd Prior Year
Annual Field Payroll	\$ _____	\$ _____	\$ _____
Annual Gross Sales	\$ _____	\$ _____	\$ _____
2. Describe your operations by percentage (must equal 100%): Installation _____ % Service/Repair _____ % Testing _____ %			
3. Do you Install, Service/Repair and/or Test Halon Systems? <input type="checkbox"/> Yes <input type="checkbox"/> No			
A. If yes, what percentage of your work? _____ %			
4. Do you Design systems <u>other than for your own Installations</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No			

FIRE EXTINGUISHERS				Not Applicable <input type="checkbox"/>
1. Provide your annual Field Payroll and Gross Sales for the Current Year and the 2 Prior Years:				
	Projected for Current Year	1st Prior Year	2nd Prior Year	
Annual Field Payroll	\$ _____	\$ _____	\$ _____	
Annual Gross Sales	\$ _____	\$ _____	\$ _____	
2. Describe your operations by percentage (must equal 100%):				
Installation _____ %	Service/Repair _____ %	Testing _____ %		
Product Sales _____ %				
3. Do you Install, Service/Repair and/or Test equipment aboard Aircraft or Watercraft or at Airports, Aviation Facilities and/or Marine/Off Shore Facilities?				<input type="checkbox"/> Yes <input type="checkbox"/> No

GREASE CLEANING				Not Applicable <input type="checkbox"/>
1. Provide your annual Field Payroll and Gross Sales for the Current Year and the 2 Prior Years:				
	Projected for Current Year	1st Prior Year	2nd Prior Year	
Annual Field Payroll	\$ _____	\$ _____	\$ _____	
Annual Gross Sales	\$ _____	\$ _____	\$ _____	

FIRE ALARM SYSTEMS				Not Applicable <input type="checkbox"/>
1. Provide your annual Field Payroll and Gross Sales for the Current Year and the 2 Prior Years:				
	Projected for Current Year	1st Prior Year	2nd Prior Year	
Annual Field Payroll	\$ _____	\$ _____	\$ _____	
Annual Gross Sales	\$ _____	\$ _____	\$ _____	
2. Describe your operations by percentage (must equal 100%):				
Installation _____ %	Service/Repair _____ %	Monitoring _____ %		
3. Describe the types of Alarms Systems you handle by percentage based on your annual Gross Sales (must equal 100%):				
Fire <u>only</u> _____ %	Burglar <u>only</u> _____ %	Fire <u>and</u> Burglar _____ %		
Other _____ %	Describe Other: _____			
4. Describe the types of accounts you handle by percentage (must equal 100%):				
Office Buildings _____ %	Schools/Institutions _____ %	Airports/Aviation Facilities _____ %		
Retail _____ %	Hospitals/Nursing Homes _____ %	Research Facilities/Labs _____ %		
Industrial/Mfg. _____ %	Apartment Buildings _____ %	Marine/Off Shore Facilities _____ %		
Restaurants _____ %	Condos/Town Homes _____ %	Other _____ %		
Hotels/Motels _____ %	Single Family Homes _____ %	Describe Other: _____		
5. Provide a percentage breakdown of your operations (each applicable line must equal 100%):				
Commercial Installation and/or Service/Repair _____ %	+	Commercial Monitoring _____ %	=	100%
Residential Installation and/or Service/Repair _____ %	+	Residential Monitoring _____ %	=	100%
6. In the past have you done, or are you currently doing, or do you plan to do any Installation and/or Service/Repair work in any of the housing types listed below?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicate which type(s).				
<input type="checkbox"/> Condominiums	<input type="checkbox"/> Townhouses	<input type="checkbox"/> Row Houses		
<input type="checkbox"/> Tract Home Developments consisting of 5 or more homes	<input type="checkbox"/> Tract Home Developments consisting of 25 or more homes			
7. Do you Install, Service/Repair and/or Monitor any of the system types listed below?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicate which type(s).				
<input type="checkbox"/> Life Support Systems	<input type="checkbox"/> Medical Emergency Systems	<input type="checkbox"/> Home Detention Systems		
8. Do you Design alarm systems and/or provide alarm integration <u>other than for your own Installations</u> ?				<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Percentage of your Alarm System Customers that sign your Contract:				
A. Commercial Customers _____ %				
B. Residential Customers _____ %				
10. Do your Installation, Service/Repair and/or Monitoring Contracts contain:				
A. Indemnity wording in your favor?				<input type="checkbox"/> Yes <input type="checkbox"/> No
B. A Limitation of Liability Clause (i.e. a stated dollar amount for damages)?				<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION III – PRODUCT INFORMATION

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Does your company Sell (Retail, Wholesale and/or Internet) any type of Life Support Equipment and/or Protective Clothing? Yes No
If yes, answer A-B.
A. What are the annual Gross Sales associated with these products? \$ _____
B. What type of products? _____

2. Do you repackage and/or sell any products under your own label? Yes No

3. Are you an Authorized Dealer for any Manufacturer? **If yes, please list below.** Yes No

Name of Manufacturer	Products Line Represented

4. Are all the Products used in conjunction with your business manufactured and/or purchased in the United States? Yes No
A. If no, are all foreign Products purchased from a U.S. Distributor? Yes No

5. Do you offer your Clients any type of Service Contract? **If yes, please attach a copy.** Yes No

SECTION IV – RISK MANAGEMENT

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Please list any State and/or National Trade Associations you belong to: _____

2. Describe the Owner's duties and/or involvement in the daily operations: _____

3. Do you work in any State other than the one where your office/shop is located? Yes No
A. If yes, please list these other States: _____

4. Is a License required to operate in your State? Yes No
If yes, answer A-B.
A. What is your License number? _____
B. Within the last 3 years, has your License been suspended and/or revoked? Yes No

5. Do you maintain records for all Installations, Service/Repair and/or Testing for at least 7 years? Yes No
A. If no, how long do you maintain these records? _____ Years

6. Do you Subcontract Work to Others? Yes No
If yes, answer A-E.
A. Total Percentage of your Operations Subcontracted to Others? _____ %
B. What type of work is Subcontracted to Others? _____
C. Do you obtain a Certificate of Insurance from each Subcontractor evidencing General Liability Limits and Workers Compensation Limits equal to or greater than your own General Liability and Workers Compensation Limits? Yes No
D. Are all Certificates of Insurance kept on file for a minimum of 3 years? Yes No
E. Do you require all Subcontractors to add you onto their policy as an Additional Insured? Yes No

7. Will you Service a system that is not in compliance with NFPA Codes? Yes No
If yes, please attach a copy of the warranty used to transfer liability.

8. Please describe your current Loss Control Program: _____

SECTION V – PRIOR GENERAL LIABILITY INSURANCE

1. Please provide the Insurance Company Names and your Limits, Deductibles and Premiums for the last 3 years:

Policy Year	Insurance Company Name	Limits	Deductible	Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

2. In the last 3 years, has your General Liability Insurance been Cancelled, Non-renewed or Declined? Yes No

A. If yes, please explain: _____

SECTION VI – GENERAL LIABILITY CLAIMS HISTORY

1. Please provide details for the last 3 years. **If none, please state "none"**.

Date of Claim	Description of Loss	Amount of Claim
		\$
		\$
		\$
		\$
		\$

ANY POLICY QUOTED MAY BE SUBJECT TO A MINIMUM POLICY PREMIUM.

Applicant and Producer Signatures:

APPLICANT: I UNDERSTAND THAT THIS APPLICATION FOR INSURANCE AND ANY POLICY ISSUED AS A RESULT OF THE APPROVAL OF THIS APPLICATION WILL **ONLY** PROVIDE INSURANCE FOR FIRE PROTECTION OPERATIONS. I FURTHER UNDERSTAND THAT NO COVERAGE WILL BE PROVIDED FOR ANY OTHER BUSINESSES, OPERATIONS OR SERVICES UNLESS THEY ARE SPECIFICALLY ADDED TO ANY POLICY ISSUED FOR AN ADDITIONAL PREMIUM.

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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (FOR NEW YORK INSUREDS: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

_____	_____
Applicant's Signature	Applicant's Title
_____	_____
Applicant's Name	Date
_____	_____
Producer's Signature	Producer's Name

IMPORTANT: THIS IS NOT A BINDER OR OFFER OF COVERAGE

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury – in concurrence with the Secretary of State, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U. S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

- I hereby elect to purchase Terrorism coverage for a prospective premium of 5% of the policy premium subject to a \$100 minimum.
- I hereby decline to purchase Terrorism coverage. I understand that I will have no coverage for losses resulting from acts of terrorism.

Policyholder/Applicant's Signature

Account Name

Print Name

Date

Policy Number

Western World Insurance Company – Tudor Insurance Company – Stratford Insurance Company
400 Parson's Pond Drive, Franklin Lakes, NJ 07417-2600
Telephone: (201) 847-8600