



[Casualty Application]

SPRINKLER CONTRACTORS LIABILITY APPLICATION



canSURE

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SPRINKLER CONTRACTOR LIABILITY APPLICATION

PART 1 GENERAL INFORMATION

Business Name: _____

Principal(s): _____

Subsidiaries, Partners and Joint Ventures _____

Mailing Address: _____

Name of Principal(s): _____

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

PART 2 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 # _____ Supervisor # _____ 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 manufactures?

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 _____

PART 3 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 used to develop or check system layout and adequacy?

Type of systems designed:

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

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

PART 4 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 | Closed? yes/no | Insurer |
|------|---------------------|-----------------|-------------|----------------|---------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

PART 5 RISK MANAGEMENT

Are checklists always used on job sites to assure that workmanship and system testing are performed?

- 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: Yes No

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?

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

PART 6 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: _____

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicants Signature: _____ **Position:** _____

Please Print Name: _____ **Date:** _____