

TOTTEN GROUP

I N S U R A N C E

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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.

Applicant is: Individual Partnership Corporation Joint Venture Other (Specify) _____

1. Business Name _____
 Principal(s) _____
 Subsidiaries, Partners and Joint Ventures _____

2. Mailing address _____
 Website Address _____

3. Number of years in operation _____ Number of years experience _____
 If new operation/company describe work experience of the principals _____

4. Limit of Liability required: \$1,000,000 \$2,000,000 \$5,000,000 Other _____
 Deductible: \$1,000 \$2,500 \$5,000 Other _____

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

a. Do you require Employee Dishonesty? Yes No

b. Do you require a Provincial Licensing Bond? Yes No

c. Do you require Property coverage? Yes No

6. Provide details of all liability insurance carried:

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

7. Are they willing to renew? Yes No If no, please explain _____

8. Is applicant a member of the Canadian Automatic Sprinkler Association? Yes No
 CASA membership class? Class A Class B Class C



LIABILITY INFORMATION

1. **Operations**

Additional Locations List locations and occupations:

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

2. Is Tenants Legal Liability required? Yes No

If Yes, state limits required for each location _____

3. 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 %

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

8. Are all employees covered under WSIB? Yes No

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

9. 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

10. Is all extinguishing equipment installed, maintained, serviced and inspected in accordance with the manufacturer's operation and maintenance instructions? Yes No

If no, please explain _____

11. What is your schedule for inspecting and servicing customer's equipment? Semi Annual Annual

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

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

13. 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: \$ _____

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

15. 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 _____

16. 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

17. Claims 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 of Occurrence	Describe Occurrence and Injury or Damage	AMOUNT				Status
		Reserve	Paid	Expenses	Deductible	

18. 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

If no, please explain _____

How long are files for each job maintained? _____



19. During all retrofit/repair work:

Are original blueprints and / or system designs obtained prior to work? Yes No

If no, please explain _____

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:

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?

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

Are written instructions given to clients on how to prevent freezing? Yes No

20. CPVC Training and Certification

Do you do CPVC work? Yes No

If yes, please provide answers to the following

What percentage of CPVC work is: New _____ % Retrofit / Repair _____ %

List the Brands of CPVC Piping used _____

List Brands of Solvent-Cement used _____

Are all Tools used specifically designed for use with plastic pipe and fittings? Yes No

How long are cure times for pipe sizes:

3/4" _____ 1" _____ 1 1/4" & 1 1/2" _____ 2" _____ 2 1/2" & 3" _____

Are cure times adjusted for: Temperature? Yes No Humidity? Yes No

Systems are pressure tested at: _____ PSI

Are fitters trained and certified in CPVC work? Yes No

Detail record on file of employee CPVC training and certificates? Yes No

Only trained/certified fitters permitted to install CPVC? Yes No

Name of Training Program/Certification _____

Number of Trained and Certified CPVC Fitters _____

21. Do you sell, install or service fire protection or extinguishing systems for: 1. Sawmills Yes No

2. Logging, Forestry, Contractors' or other Mobile Equipment Yes No 3. 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 DECLARATION

Each and every question must be answered by the Broker and/or Account Executive.

Is this account NEW to your office? Yes No Is the operation financially sound? Yes No

If no, how long have you known the applicant? _____ Do you recommend this applicant in every respect? Yes No

Other Markets approached _____

Please provide any additional information pertinent to the underwriting or acceptance of this risk which has not been requested in the application above.

Note: I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

(Signature of Insured)

(Position in Organization)

(Date)

(Signature of Broker)

(Date)

Complete Name and Address of Insurance Brokerage

Broker Email Address: _____