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METCOM EXCESS

Managing General Agents

Insurance Wholesalers

PRODUCER: _____

COVERX GENERAL LIABILITY APPLICATION

Applicant: _____ Proposed Effective Date: _____

Street Address: _____

Mailing Address, if different: _____

Name of contact for inspection/audit: _____ Telephone Number: _____

Applicant is: _____ Individual _____ Corporation _____ Partnership _____ Other

Coverages: _____

Limits / Deductible: _____ Each Occurrence / Aggregate _____ Deductible

Operations (%): _____ Guard / Patrol _____ Investigative _____ Alarm _____ Safety Equipment _____ Other

How long has applicant owned the business? _____ Years Yrs experience in the field? _____

Is the applicant involved in any other operations? _____ Yes _____ No If 'Yes', please describe: _____

Describe the duties of the owner? _____

Provide the names of the Applicant's five largest clients and a description of your duties for them: _____

Signed contract with all customers? _____ Yes _____ No

% of customers under standard contract? _____ %

Please attach copy of your standard customer contract or purchase order.

Pre-employment screening procedure (check applicable):

_____ Prior employer check _____ Drug Screening _____ Personal References _____ Psych. Testing

_____ Polygraph _____ Background Check _____ MVR _____ Other

Please describe 'Other': _____

Training Program consists of (check all applicable):

_____ Written Manual _____ Report Writing _____ CPR _____ On the Job

_____ Firearms _____ Use of Force _____ Powers of Arrest _____ Other

Please describe 'Other': _____

Is the applicant licensed? _____ Yes _____ No

If yes, please list all licenses: _____

FIRE SPRINKLER CONTRACTORS Supplemental Application

Submission Requirements:

- Currently Valued Loss Information for past 4 years
- Detailed Description of Claims over \$10,000

Named Insured: _____ Effective Date: _____

1. Using the Insured's annual gross receipts please estimate the income obtained from these categories:

<u>OPERATIONS</u>		<u>CLIENT BASE</u>		<u>SYSTEMS</u>	
New Installation	_____ %	Commercial	_____ %	Wet Systems	_____ %
Retrofit	_____ %	Institutional	_____ %	Dry Systems	_____ %
Design	_____ %	Apartments	_____ %	Special Hazards	_____ %
Service/Repair	_____ %	Single Family	_____ %	Alarms	_____ %
Inspection	_____ %	Condos/Track Housing	_____ %	Extinguishers	_____ %
		Condos-Comm	_____ %		
Total	100%	Total	100%	Total	100%

a. For the above Service, Repair and Inspection, how much was originally completed by the Insured? _____ % By others? _____ % (Total 100%) For these services, does the insured use a written contract? Yes No. If Yes, please attach a sample copy of the contract use.

b. Percent of jobs including: Fire Pumps _____ % Foam _____ % Gas/Chemical: _____ % Other _____ %

2. Does the Insured use any subcontractors? Yes No. If Yes, please indicate percent _____ % and what kind of work is subcontracted? _____

Limits of Liability required by the subcontractor: _____

IF A BOUND COMPANY, WILL REQUIRE PROOF OF YOUR SUBCONTRACTOR'S INSURANCE AT AUDIT. IF THEY DO NOT CARRY LIMITS EQUAL TO YOURS OR AT LEAST \$500,000 PER OCCURRENCE AND \$500,000 AGGREGATE, THEN THEY WILL BE CHARGED FOR AS EMPLOYEES.

2. If alarm systems are installed or maintained, please list types of alarms and complete the supplemental application: _____

a. Please give a sampling of current jobs: _____

b. Please list 6 jobs completed within the last year: _____

c. Have any of your jobs been in chemical plants, refineries, nuclear power plants or similar hazardous occupancies? Yes No. If Yes, please indicate for whom and year done: _____

5. If multifamily or single family residential is not done currently, please indicate the last year that residential was done: _____
Approximately how many jobs? _____

6. Does the insured operate under different company names? Yes No. If Yes, please complete:

<u>NAME</u>	<u>PERCENT OWNED</u>	<u>OPERATIONS</u>	<u>RECEIPTS %</u>
_____	_____	_____	_____
_____	_____	_____	_____

QUALITY AND SAFETY CONTROLS

1. Are shop drawings for sprinkler system installations prepared by the Insured? Yes No. If Yes, describe how such drawings are checked for compliance with the specifications of the system and the local building and life safety codes: _____
2. Does the Insured have a procedure when a system impairment is found or created? Yes No. If Yes, please explain: _____
3. How does the field supervisor assure quality (such as checklists, daily visits)? _____
4. Are detailed records kept on all jobs? Yes No. Please check what is typically in those records: dates
 type of work performed materials used replaced or recharged parts when the system is activated
For how long are records retained? _____
Are duplicate records kept at another location? Yes No
Do you use electronic field inspection system? Yes No
5. Who at the Insured's firm verifies at completion of the job that all work complies with NFPA Standards and local codes? _____
6. How is the system tested when the work is completed? Blow Back Air Pressure or Water Pressure
Other methods: _____
7. If retrofit work is done, please answer a. and b. below:
 - a. How does the Insured protect their workers from exposure to asbestos? _____
 - b. Do the job proposals include an asbestos clause allowing for removal of asbestos prior to work completion? Yes No
8. Approximately what percentage of jobs use CPVC pipe? _____% Are all of your fitters trained on the various cure times for different size pipes? Yes No
9. What type of training programs does the Insured have for: Office Personnel: _____
Designers: _____ Sales: _____ Field: _____
10. Do the employees of the Insured participate in any professional organizations such as:
 NFPA SFPE NFSA AFSA Other: _____
11. Have there ever been any prior pollution related losses? Yes No
12. How are the fuels, chemicals, or other hazardous materials stored at the job site? _____
13. Is there a loss control and accident investigation program that would include pollution incidents? Yes No. If Yes, please describe: _____

The Insured's signature on this application is an authorization for the producer to act as broker of record for this submission to The Fire Sprinkler Contractor Program through CoverX Program Managers. This supersedes any prior broker of record letter.

INSURED: _____
TITLE: _____ DATE: _____

PRODUCER: _____
TITLE: _____ DATE: _____