





PDF Fillable Form Instructions for Supplemental Application

Completing the Form

Please complete each question (including check boxes). Use the page following the Supplemental Alarm Information for continuation of answers or additional comments as provided. A “Highlight Fields” box may appear at top right of document and can be turned off and on. When the “Highlight Fields” button is turned on, the field the cursor is in will be white.

When positioning the cursor on a fill-in area or element, the cursor will change appearance.

The I-beam pointer  allows you to type text. The hand pointer allows you to select a check box.  You can also fill in the check boxes by using the Enter key or Spacebar. Enter the appropriate data in each box or field, tabbing from field to field. You can also use your cursor to move from field to field. Place your cursor in the field you want to fill in, then left-click and enter your information. Some fields limit the maximum number of characters you can enter and you may have to tab to the next field to continue. Some questions include several fields to complete your answer(s).

The signature field on the last page is an electronic signature field that allows you to Add Digital ID. Click to sign and dialog boxes will prompt you through options to create Digital ID or use existing digital ID.

If you are not able to print using the [Print] button on form, use the Print option within the Adobe toolbar (File/Print).

MAKE SURE YOU SAVE THE DOCUMENT AND PRINT A COMPLETED COPY FOR YOUR RECORDS BEFORE RETURNING.

If you experience problems completing the form, contact Alison Wilson at RelMark Program Managers. For additional help with fill-in forms, see the Adobe Reader's online help information.



FIRE SPRINKLER CONTRACTORS

Submission Checklist:

- Supplemental Application.
- Fully Completed ACORD Applications – Please note we can rate fabrication shop and executive supervisors separately.
- 5 Years Currently Valued Detailed Loss Information.
- Description of claims over \$10,000.00 and any open claims and steps you are taking to prevent a similar loss.
- NOTE – LOSS CONTROL MAY CONTACT INSURED PRIOR TO BINDING TO CLARIFY OPERATIONS OR LOSSES.

RelMark requires all of the above information to quote the account.

**Thank You For The Opportunity To Quote Your Business
And For The Work You Do To Save Lives Every Day**

RELMARK

PROGRAM MANAGERS

FIRE SPRINKLER CONTRACTORS

Supplemental Application

Named Insured: _____ Effective date: _____
Company Website: _____

DESCRIPTION OF OPERATION

1. Using your annual gross receipts please estimate the income obtained from these categories:

OPERATIONS		CLIENT BASE		SYSTEMS	
New Installation	_____%	Commercial	_____%	Wet Systems	_____%
Retrofit (vacant)	_____%	Institutional	_____%	Dry System	_____%
Retrofit (occupied)	_____%	Apartments	_____%	Special Hazards	_____%
Design	_____%	Single Family	_____%	*Alarms	_____%
Service/Repair	_____%	Condos/Track Housing	_____%	Extinguishers	_____%
Inspection	_____%	Condos-Commercial	_____%		_____%
Total	_____%	Total	_____%	Total	_____%

2. How much Service and Inspection work is on systems originally installed by you? _____ % by others _____ %
3. Special Hazards: I cuEQ4 _____% Foam _____%, Chemical _____%, Other aaaaaaa _____
If Gas and Chemical work is done, what types of systems are installed? _____
4. Do you install, inspect, service or repair fixed chemical fire extinguisher systems designed for use over cooking surfaces? Yes No . If yes, _____% of receipts.
"F q" { q w f q " c p { " j q q f " c p f " f w e v e r g e c p k p i A [g u " " " " P q " " }
7. Do you use any subcontractors? Yes No . If yes, please indicate cost of subcontracted work (excluding Fabrication): Design \$ _____ Electrical \$ _____ Chemical Systems \$ _____
Underground \$ _____ Other \$ _____ Total \$ _____
Limits of Liability required for the subcontractor? _____

IF BOUND, COMPANY WILL REQUIRE PROOF OF YOUR SUBCONTRACTOR'S INSURANCE AT AUDIT. IF THEY DO NOT CARRY LIMITS EQUAL TO YOURS OR AT LEAST \$ 1,000,000 PER OCCURRENCE AND \$1,000,000 AGGREGATE, THEN THEY WILL BE CHARGED FOR AS EMPLOYEES.

8. Please give a sampling of current jobs: _____
9. What percentage of your new installations is with the same General Contractors/Construction Managers or Business Owners (i.e. Repeat Business)? _____ %
- ∴ Have any of your jobs been in chemical plants, refineries, nuclear power plants or similar hazardous occupancies? Yes No . **If yes, please attach a list** of all jobs done, year, name and occupancy, contract cost, system installed, type of chemicals, total square foot area of plant, who drew up specifications for system, who did layout, what areas of the plant were done.

∴ Please indicate the receipts and payrolls and please (X) if any of these include Owner Controlled (Wrap) exposures.

	Projected Annual	Last 12 months	Year Prior	Two years prior
Receipts	\$ _____ <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____ <input type="checkbox"/>
Fire Suppression Payroll	\$ _____ <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____ <input type="checkbox"/>
Other Field Payroll of:				
_____	\$ _____ <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____ <input type="checkbox"/>
Designer / Engineers Payroll	\$ _____	Union Shop <input type="checkbox"/>	Open Shop <input type="checkbox"/>	

* If Alarm work is done, please complete Supplemental Alarm Information.

RelMark Program Managers, 961 Pottstown Pike, Chester Springs, PA 19425
Phone 800-874-5880 610-321-1010 Fax 610-321-1011 www.remarkgroup.com

INSTALLATION PRACTICES

- 1. a. What is the average number of years of field supervision experience? _____ Any with under 3 years? _____
- b. Number of field personnel you have been with the company less than 1 yr? ____ 1 to 3 yrs? ____ > 3 yrs ____
- c. Atg changes in field staff due to turnover qt "gizr cpukqpA"aaaaaaaaaaaaaaaa _____
- 2. Who walks the final pipe installation prior to testing or activation? _____
- 3. When is Blow Back or Air Pressure testing used? _____
- 4. a. Approximately what percentage of jobs use CPVC pipe? _____%
- b. How often is CPVC specific training completed? _____ Do you have specialized CPVC crews? Yes No .
- c. How long do you let a "cut-in" cure for pipes? 1 ¼ " _____ 1 ½ " _____ 2" _____
- d. How do you prevent dry fits in CPVC systems? _____
- e. WHO IS RESPONSIBLE TO CHECK COMPATIBILITY ISSUES? _____

DESIGN AND/OR SHOP DRAWINGS

- 1. a. Are shop drawings for sprinkler systems prepared in-house? Yes No .
- b. Do you do any design work for other firms? Yes No .
- c. If yes, how much design work is done for others? _____ % of total design work. In what situations is design work done for others? _____
- d. How are plans requiring PE stamp/seal handled? _____
- 2. Design work done by NICET or Experienced Designers (Not PE's)
 - a. List the names of those individual(s) **on your staff** who design and/or modify plans, along with their qualifications:
 - _____ NICET LEVEL ____ Years Design Experience ____ Professional Engineer
 - _____ NICET LEVEL ____ Years Design Experience ____ Professional Engineer
 - _____ NICET LEVEL ____ Years Design Experience ____ Professional Engineer
- 3. If design work is done by PE on staff, Do they stamp or seal plans? Yes No .
- Does your firm or the individual PE on your staff carry separate professional liability coverage? Yes No
- What limit is carried? \$ _____
- 4. Are outside firms subcontracted by you for the design/engineering work? Yes No _____%
- a. Are certificates of PROFESSIONAL LIABILITY required from this design subcontractor? Yes No .
- b. What limits? \$ _____
- 5. Have there been any professional liability claims within the last 5 years? Yes No . Attach current loss runs.

GENERAL BUSINESS PRACTICES

- 1. a. Are detailed records kept on all jobs? Yes No .
- b. How long are records retained? _____ If less than 10 years, are you willing to extend to 10 years? _____
- 2. What type of training programs do you require/offer?
 - Designers _____ Field _____
- 3. Do the employees of your company participate in any professional organizations such as: NFPA SFPE
- NFSA AFSA ABC NAFED Other _____
- 4. Who reviews new contracts? Owner CFO Sales Outside Attorney Insurance Agent
- 5. How do you document distribution of NFPA 25? _____
- 6. When there is a claim, how do you document the specifics of the loss and who is contacted when it occurs? _____

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Please use this section for Continuation of Answers or Additional Comments:

NOTICE TO POLICYHOLDERS

FRAUD NOTICE

- Arkansas** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

- Colorado** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

- District of Columbia** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

- Florida** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

- Kentucky** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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- Louisiana** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- Maine** 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 denial of insurance benefits.
- New Jersey** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- New Mexico** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
- New York** **All commercial insurance forms, except as provided for automobile insurance:**
 “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.”
- Automobile insurance forms**
 “Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.”
- Fire Insurance:** “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.”
- Ohio** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- Oklahoma** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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- Pennsylvania** 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.
- Auto:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.
- Rhode Island** **Property Insurance, Real Or Personal:**
The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.
- Tennessee** 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.
- Virginia** 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.

USAGE OF INFORMATION

The applicant and any related entities of the applicant hereby authorizes RelMark Group, which includes RelMark Program Managers, Inc., Myers Risk Services, Inc., and Integrated Risk Management, Inc., to share any and all information contained on this application and any attachments thereto, and any other information developed during the course of underwriting, loss control services or claims services, with third parties, including but not limited to insurance carriers or risk purchasing groups, but only in relation to procurement by RelMark Group of insurance products, loss control services and claims services for the applicant and their related entities.

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 RelMark Program Managers. This supersedes any prior broker of record letter.

State Sprinkler License Number _____ State License Not Required

COMPANY NAME _____

SIGNATURE _____ TITLE _____ DATE _____

Email address _____ (please include to get loss control information)

PRODUCER _____ DATE _____

Email address _____

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