



## FIRE PROTECTION CONTRACTORS SPRINKLER AND ALARM

### Submission Checklist:

- Supplemental Application. (complete all applicable questions)
- 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.
- Attach copies of service; inspection and subscriber monitoring contracts
- NOTE – LOSS CONTROL MAY CONTACT INSURED PRIOR TO BINDING TO CLAIRIFY OPERATIONS OR LOSSES

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

Please forward the above-listed items directly to our NEW SUBMISSION EMAIL:  
[Submissions@Relmark.net](mailto:Submissions@Relmark.net)

RelMark Program Managers, 961 Pottstown Pike, Chester Springs, PA 19425  
Phone 800-874-5880 610-321-1010 Fax 610-321-1011 [www.relmark.net](http://www.relmark.net)

**RELMARK**  
PROGRAM MANAGERS

**FIRE PROTECTION CONTRACTORS**  
Sprinkler and Alarm  
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:

<b>OPERATIONS</b>		<b>CLIENT BASE</b>		<b>SYSTEMS</b>	
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 of Service and Inspection work is on systems originally installed by you? \_\_\_\_\_ % by others \_\_\_\_\_ %

3. Special Hazards: Gas/CO<sub>2</sub> \_\_\_\_\_ % Foam \_\_\_\_\_ %, Chemical \_\_\_\_\_ %, Other \_\_\_\_\_ %

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.

Do you do any hood and duct cleaning? Yes  No

5. Do you use any subcontractors? Yes  No . If yes, please indicate cost of subcontracted work (excluding Fabrication): Design \$ \_\_\_\_\_ Electrical \$ \_\_\_\_\_ Chemical Systems \$ \_\_\_\_\_  
Underground \$ \_\_\_\_\_ Monitoring \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Limits of Liability required for the subcontractor? \_\_\_\_\_

(provide copies of certificates to auditors)

6. Please give a sampling of current jobs: \_\_\_\_\_  
\_\_\_\_\_

7. What percentage of your new installations is with the same General Contractors/Construction Managers or Business Owners (i.e. Repeat Business)? \_\_\_\_\_ %

8. 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.

9. Please indicate if the receipts include separately insured contractor or owner contractor (Wrap) exposures

	Projected Annual	Last 12 months	Year Prior	2 Years Prior	3 Years Prior
Receipts	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
FS Payroll (94381)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Alarm Payroll	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

(Other) NOTE: ANY OTHER CLASS CODES SHOULD BE LISTED ON ACORD

Designer / Engineers Payroll \$ \_\_\_\_\_ Union Shop  Open Shop

## 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 that have been with the company less than 1 yr? \_\_\_\_\_ 1 to 3 yrs? \_\_\_\_\_ > 3 yrs? \_\_\_\_\_  
c. Are changes in field staff due to turnover or expansion: \_\_\_\_\_
  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/alarm 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  NBFPA  AFAA  BFAAM  \_\_\_\_\_
  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? \_\_\_\_\_
-





## NOTICE TO POLICYHOLDERS

---

- 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.

# NOTICE TO POLICYHOLDERS

---

- 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

Alarm License Number \_\_\_\_\_ State License Not Required

COMPANY NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Email address \_\_\_\_\_ (please include to get loss control information)

PRODUCER \_\_\_\_\_ DATE \_\_\_\_\_

Email address \_\_\_\_\_

**RelMark Program Managers, 961 Pottstown Pike, Chester Springs, PA 19425**  
Phone 800-874-5880 610-321-1010 Fax 610-321-1011 [www.relmark.net](http://www.relmark.net)