



Insurance Application
MAINE

McNeil & Company, Inc.
P.O. Box 5670
Cortland, New York 13045
Phone (800) 822-3747
Fax: (607) 758-9028

General Information

Date of survey: _____ Insurance Renewal Date: _____

Legal Name of Organization: _____
_____ FEIN: _____

Mailing Address: _____
_____ County: _____

Telephone: _____ Fax: _____

Contact Name: _____ Contact Title: _____

Website Address: _____ E-Mail Address: _____

Insurance Agent Information

Agent's Name: _____

Name of Agency: _____

Address: _____

Agency telephone: _____ Agency fax: _____

Date proposal is needed: _____ Agency e-mail address: _____

Do you currently write this account? Yes No

If Yes, for how long? _____ With what Carrier? _____

Is the account Sub-Brokered? Yes No

If Yes, please indicate Agency Name: _____

Coverage Information

Please indicate the Coverage(s) you are applying for: **Please submit applicable accord applications**

- Property
- Crime
- General Liability
- Garage

- Auto
- Inland Marine
- Umbrella

FireWatch Application

Business Information

Type of business (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Sprinkler Systems Contractor(Water Based Systems) | <input type="checkbox"/> Restaurant/Special Systems Contractor |
| <input type="checkbox"/> Fire Extinguisher Systems Contractor (Portable) | <input type="checkbox"/> Alarm/Security Systems Contractor |
| <input type="checkbox"/> Fire/Safety Equipment Dealer | <input type="checkbox"/> Emergency Apparatus Dealer |
| <input type="checkbox"/> Other: _____ | (Garage/Garagekeepers Supplemental Application needed) |

The business is a (please check one):

- | | |
|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Other: _____ |

Years in operation: _____ (Minimum Requirement: 3 Years in Operation)

Years experience in industry (please provide details of experience): _____

In the past 10 years, did the insured operate under a different name? Yes No

If Yes, please explain: _____

In which states does the insured perform services? _____

Please describe all duties of Executives/Officers (do they have occasion to work out in the field?): _____

Number of Employees: _____ Number of Executives/Officers/Owners: _____ Is there an employee union? Yes No

Does the insured currently carry Employers Liability Coverage? Yes No

If Yes, please indicate Carrier: _____ Policy No.: _____ Effective Date: _____

Does the insured have a formal written safety program in effect? Yes No

If Yes, please include a copy with this application.

Please describe the level of experience or formal training programs in place for employees working in the field: _____

Please include a copy of all standard contract forms used by the insured, and a copy of the insured's standard fire protection system impairment notification form.

General Liability Coverage

Please indicate the CGL per occurrence limit desired: \$300,000 \$500,000 \$1,000,000

Please indicate the CGL PD deductible desired: \$1000 \$2000 \$5000 Other: _____ (\$1,000 minimum)

Optional coverage:

- | | |
|--|-------------------------|
| <input type="checkbox"/> Employee Benefits Liability | Desired limit: \$ _____ |
| <input type="checkbox"/> Stop Gap Liability (only applicable in monopolistic states) | Desired limit: \$ _____ |

FireWatch Application

Sprinkler Contractor Information – Water Based Systems

Please indicate the business sectors represented by the insured's customers and show the estimated percentage of the insured's overall receipts generated by each sector:

_____ % Apartments/Condominiums
_____ % Hospitals/Health Care
_____ % Private Dwellings/Residential Applications
_____ % Retail/Office
_____ % Other (please describe): _____

_____ % Hotel/Motel
_____ % Industrial/Manufacturing
_____ % Restaurants/Food Service

Does the insured inspect, test or certify systems installed by others? Yes No

If Yes, what percentage of the Insured's **Entire Business** receipts are generated from these services? _____%

Does the insured use CPVC piping for any sprinkler installations? Yes No

If Yes, what percentage of total receipts are generated from these services? _____%

If Yes, how long has the insured used CPVC products for sprinkler installations? _____

Describe policies, procedures and safeguards for the use of CPVC installations and service: _____

Does the insured perform work in buildings taller than 5 stories (excluding basements)? Yes No

If Yes, what percentage of total receipts are generated from these services? _____%

If Yes, please describe: _____

Does the insured do any plumbing work other than specifically for sprinkler systems? Yes No

If Yes, please describe: _____

Does the insured currently perform, or ever in the past performed, asbestos removal or asbestos abatement? Yes No

Has the insured ever been involved in any industry product recalls? Yes No

If Yes, please describe: _____

Does the insured perform retrofit work? Yes No

If Yes, what percentage of total receipts are generated from these services? _____%

FireWatch Application

Sprinkler Contractor Information – Water Based Systems (continued)

Does the insured design sprinkler systems? Yes No

If Yes, please answer the following questions:

What qualifications do the designers have?

- NICET Certified Technician:
- | | | | | |
|---|----------------------------------|-----------------------------|------------------------------|-----------------------------|
| Automatic Sprinkler System Layout | Level <input type="checkbox"/> I | <input type="checkbox"/> II | <input type="checkbox"/> III | <input type="checkbox"/> IV |
| Inspection and Testing of Water-Based Systems | Level <input type="checkbox"/> I | <input type="checkbox"/> II | <input type="checkbox"/> III | <input type="checkbox"/> IV |
| Special Hazards Suppression Systems | Level <input type="checkbox"/> I | <input type="checkbox"/> II | <input type="checkbox"/> III | <input type="checkbox"/> IV |
- PE (Professional Engineer)
 Other (describe) _____

Are any of the systems designed by the insured installed by subcontractors? Yes No

If Yes, what percentage of the insured's total annual receipts are generated by systems designed by the insured and installed by subcontractors? _____%

Does the insured keep permanent records of "as built" sprinkler plans and hydraulic calculations? Yes No

If Yes, for how many years? _____

Does the insured hire subcontractors? Yes No

If Yes, are certificates of insurance obtained/maintained from all subcontractors? Yes No

Does the insured require subcontractors to carry insurance limits equal to or exceeding the insured's limits? Yes No

Please describe how the insured makes sure that its subcontractors maintain their insurance: _____

Please describe the work **performed by subcontractors** and indicate the annual receipts for this work:

Installation receipts: \$ _____ Description: _____

Service/repair receipts: \$ _____ Description: _____

Does the insured hire subcontractors to perform asbestos removal or asbestos abatement? Yes No

Have any of the insured's prior losses resulted from work performed by subcontractors? Yes No

If Yes, please describe: _____

FireWatch Application

Sprinkler Contractor Information – Water Based Systems (continued)

Please indicate the payroll and receipts projected for this year, and for each of the past two years:

Exclude executive officer's payroll, clerical payroll, and payroll for wrap-up/OCIP projects.

	PAYROLL			RECEIPTS		
	This Year- Projected	Last Year- Actual / Audit Results	Previous Year- Actual / Audit Results	This Year- Projected	Last Year- Actual / Audit Results	Previous Year- Actual / Audit Results
Sprinkler Systems- installation	\$	\$	\$	\$	\$	\$
Sprinkler Systems- service/repair	\$	\$	\$	\$	\$	\$
Sprinkler Systems- sales	\$ na	\$ na	\$ na	\$	\$	\$
Plumbing- commercial	\$	\$	\$	\$	\$	\$
Plumbing- residential	\$	\$	\$	\$	\$	\$

Does the insured perform any other services not reflected in the payroll/receipts shown above?

Yes No

If yes, please describe and provide projected payroll / receipts: _____

Has the insured had any current or past involvement with Wrap-Up/OCIP?

Yes No

If Yes, please describe: _____

FireWatch Application

Restaurant And / Or Special Systems Contractor Information – Inergen, FM 200, UL300, etc.

Please indicate the business sectors represented by the insured's customers and show the estimated percentage of the insured's overall receipts generated by each sector:

_____ % Apartments/Condominiums	_____ % Hotel/Motel
_____ % Hospitals/Health Care	_____ % Industrial/Manufacturing
_____ % Private Dwellings/Residential Applications	_____ % Restaurants/Food Service
_____ % Retail/Office	_____ % Gas Stations
_____ % Other (please describe): _____	

Does the insured inspect, test or certify systems installed by others? Yes No

If Yes, what percentage of the Insured's **Entire Business** receipts are generated from these services? _____%

Does the insured currently perform, or ever in the past performed, asbestos removal or asbestos abatement? Yes No

Has the insured ever been involved in any industry product recalls? Yes No

If Yes, please describe: _____

Does the insured perform retrofit work? Yes No

If Yes, what percentage of total receipts are generated from these services? _____%

Does the insured perform work on gaseous fire control (Halon) systems? Yes No

If Yes, please describe: _____

Does the insured design restaurant/special systems? Yes No

If Yes, are the guidelines set forth by NFPA followed for installation, service and repair? Yes No

Are any of the systems designed by the insured installed by subcontractors? Yes No

If Yes, what percentage of the insured's total annual receipts are generated by systems designed by the insured and installed by subcontractors? _____%

Does the insured keep permanent records of "as built" restaurant/special systems plans and hydraulic calculations? Yes No

If Yes, for how many years? _____

Does the insured hire subcontractors? Yes No

If Yes, are certificates of insurance obtained/maintained from all subcontractors? Yes No

Does the insured require subcontractors to carry insurance limits equal to or exceeding the insured's limits? Yes No

Please describe how the insured makes sure that its subcontractors maintain their insurance: _____

Please describe the work **performed by subcontractors** and indicate the annual receipts for this work:

Installation receipts: \$ _____ Description: _____

Service/repair receipts: \$ _____ Description: _____

FireWatch Application

Restaurant And / Or Special Systems Contractor Information (continued) – Inergen, FM 200, UL300, etc.

Does the insured hire subcontractors to perform asbestos removal or asbestos abatement? Yes No

Have any of the insured's prior losses resulted from work performed by subcontractors? Yes No

If Yes, please describe: _____

Please indicate the payroll and receipts projected for this year, and for each of the past two years:

Exclude executive officer's payroll, clerical payroll, and payroll for wrap-up/OCIP projects.

	PAYROLL			RECEIPTS		
	This Year- Projected	Last Year- Actual / Audit Results	Previous Year- Actual / Audit Results	This Year- Projected	Last Year- Actual / Audit Results	Previous Year- Actual / Audit Results
Restaurant Systems- installation	\$	\$	\$	\$	\$	\$
Restaurant Systems- service/repair	\$	\$	\$	\$	\$	\$
Special Systems – installation	\$	\$	\$	\$	\$	\$
Special Systems – service / repair	\$	\$	\$	\$	\$	\$
Hood and Duct Grease Cleaning	\$	\$	\$	\$	\$	\$

Does the insured perform any other services not reflected in the payroll/receipts shown above? Yes No

If Yes, please describe and provide projected payroll / receipts: _____

Please provide any other applicable rating or underwriting information: _____

FireWatch Application

Fire Extinguisher Contractor Information – Portable Extinguishers

Please indicate the business sectors represented by the insured's customers and show the estimated percentage of the insured's overall receipts generated by each sector:

_____ % Apartments/Condominiums	_____ % Hotel/Motel
_____ % Hospitals/Health Care	_____ % Industrial/Manufacturing
_____ % Private Dwellings/Residential Applications	_____ % Restaurants/Food Service
_____ % Retail/Office	
_____ % Other (please describe): _____	

Has the insured ever been involved in any industry product recalls? Yes No

If Yes, please describe: _____

Does the insured hire subcontractors? Yes No

If Yes, are certificates of insurance obtained/maintained from all subcontractors? Yes No

Does the insured require subcontractors to carry insurance limits equal to or exceeding the insured's limits? Yes No

Please describe how the insured makes sure that its subcontractors maintain their insurance: _____

Please describe the work **performed by subcontractors** and indicate the annual receipts for this work:

Installation receipts: \$ _____ Description: _____

Service/repair receipts: \$ _____ Description: _____

Does the insured hire subcontractors to perform asbestos removal or asbestos abatement? Yes No

Have any of the insured's prior losses resulted from work performed by subcontractors? Yes No

If Yes, please describe: _____

Please indicate the payroll and receipts projected for this year, and for each of the past two years:

Exclude executive officer's payroll, clerical payroll, and payroll for wrap-up/OCIP projects.

	PAYROLL			RECEIPTS		
	This Year-Projected	Last Year-Actual / Audit Results	Previous Year-Actual / Audit Results	This Year-Projected	Last Year-Actual / Audit Results	Previous Year-Actual / Audit Results
Extinguishers-service/repair	\$	\$	\$	\$	\$	\$
Extinguishers-sales	\$ na	\$ na	\$ na	\$	\$	\$

Does the insured perform any other services not reflected in the payroll/receipts shown above? Yes No

If Yes, please describe and provide projected payroll / receipts: _____

Please provide any other applicable rating or underwriting information: _____

FireWatch Application

Alarm Contractor Information (continued)

Are any of the systems designed by the insured installed by subcontractors? Yes No

If Yes, what percentage of the insured's total annual receipts are generated by systems designed by the insured and installed by subcontractors? _____%

Does the insured keep permanent records of "as built" alarm plans? Yes No

If Yes, for how many years? _____

Please indicate the payroll and receipts projected for this year, and for each of the past two years:

Exclude executive officer's payroll, clerical payroll, and payroll for wrap-up/OCIP projects.

	PAYROLL			RECEIPTS		
	This Year-Projected	Last Year-Actual / Audit Results	Previous Year-Actual / Audit Results	This Year-Projected	Last Year-Actual / Audit Results	Previous Year-Actual / Audit Results
Alarms and Alarm Systems-installation	\$	\$	\$	\$	\$	\$
Alarms and Alarm Systems-service/repair	\$	\$	\$	\$	\$	\$
Alarms and Alarm Systems-sales	\$ na	\$ na	\$ na	\$	\$	\$
Alarms-monitoring	\$	\$	\$	\$	\$	\$
Electrical Work-non-alarm	\$	\$	\$	\$	\$	\$

Does the insured perform any other services not reflected in the payroll/receipts shown above? Yes No

If Yes, please describe and provide projected payroll / receipts: _____

Please provide any other applicable rating or underwriting information: _____

Do you use a standard contract for your alarm operations? Yes No

If yes, please attach an original copy to this application of each different contract you use.

If no, it is essential that you use standard contracts.

Total number of alarm clients _____

What percentage of clients sign your contract? _____

Does your alarm contract(s) include a stated dollar amount (as liquidated damages) for all jobs performed? Yes No

If yes, please specify maximum liability limit stated in your contract. \$ _____

If no, it is essential that your contract contain this type of provision.

Which operations does your standard contract pertain to? Installation Service/Maintenance Monitoring

FireWatch Application

Fire Safety Equipment Dealers Information

Does the insured manufacture any products? Yes No
 If Yes, please describe all such products and the annual sales volume for each: _____

Does the insured modify products manufactured by others prior to sale? Yes No
 If Yes, please describe all such products and the annual sales volume for each: _____

Does the insured import any products? Yes No
 If Yes, please describe all such products and the annual sales volume for each: _____

Does the insured sell any products manufactured outside the U.S. that are imported by others? Yes No
 If Yes, please describe all such products and the annual sales volume for each: _____

Please attach copies of current Products Liability Certificates of Insurance from the importers.

For any products not manufactured by the insured, not modified by the insured, and not imported by the insured,
 Does the manufacturer provided the insured with Products Liability "Vendors" coverage? Yes No

Please attach copies of current Products Liability Certificates of Insurance from the manufacturers.

Does the insured sell any products to hospitals? Yes No
 If Yes, what percentage: _____ %

Does the insured perform product testing or certification? Yes No
 If Yes, what percentage: _____ %

Please describe the product lines that the insured sells and indicate the sales volume for each:

PRODUCT DESCRIPTION	RECEIPTS		
	This Year- Projected	Last Year- Actual / Audit Results	Previous Year- Actual / Audit Results
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Please provide copies of brochures or any applicable sales material.

FireWatch Application

Driver Information (only applicable if Business Auto Coverage is desired)

Do owners or employees take home company-owned vehicles, or use them for personal use? Yes No

If Yes, please describe: _____

Does the insured review Motor Vehicle Reports (MVR's)? Yes No

If yes, how often? Annually Every 2-3 years More than 3 years

Does the insured have written criteria for acceptable MVR's? Yes No

Do all drivers have a license commensurate with applicable legal requirements (CDL, etc.)? Yes No

Number of drivers currently employed: _____ Full Time _____ Part Time _____ Contract

Percent of driver turnover in the last 12 months? _____%

Certificates of Insurance & Additional Insureds

List any entities that need Certificates of Insurance or Additional Insured endorsements for liability coverage.
For Additional Insureds, describe their interest in the insured's business.

Manufacturers of the Insured's Products are not eligible for Additional Insured status.

Loc. No.	Name & Address	Certificate of Insurance	Additional Insured
		<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest			
		<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest			
		<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest			

For additional Certificates of Insurance or Additional Insureds please complete and attach a separate Acord Form.

Premium History

Please indicate the annual premium for the past two years: Carrier: _____

Total Account Premium: \$ _____ (current year) \$ _____ (prior year)

Renewal Premium Indication: \$ _____

FireWatch Application

Application Signatures & State Fraud Statements

APPLICABLE IN MAINE - MAINE FRAUD STATEMENT

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 or a denial of insurance benefits.

THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS SURVEY AND THAT THE INFORMATION PROVIDED IN THIS SURVEY, INCLUDING ANY ATTACHMENTS, IS TRUE AND ACCURATE AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Insured's Signature _____ Date: _____

Name and title (please print): _____

Insurance Agent's Signature _____ Date: _____