**APPLICANT**

|  |  |
| --- | --- |
| Name of applicant: |       |
|  |       |
| Mailing address: |       |
|  | *Civic number, street*      |  |       |  |       |
|  | *City* |  | *Prov.* |  | *Postal code* |

**REVENUE**

|  |
| --- |
| **List gross annual receipts for the past 3 years:** |
| 20      : | $       |  | 20      : | $       |  | 20      : | $       |
| **Please provide annual revenues per operation:** |
| **Type of work** |  | **New construction** |  | **Retrofit/Repair** |  | **Inspection & Testing** |  | **Projected revenues** |
| Installation |  | $       |  | $       |  | $       |  | $       |
| Service |  | $       |  | $       |  | $       |  |  *Total* $       |
| Design work |  | $       |  | $       |  | $       |  |  *Total* $       |
| Sublet work |  | $       |  | $       |  | $       |  |  *Total* $       |
|  |  |  |  |  |  |  |  |  *Total* |
| **Other operations outside of sprinkler work:** |
| **Description** |  | **Projected revenues** |  | **Percentage of revenues** |
|       |  |       $ |  |       % |
|       |  |       $ |  |       % |
|       |  |       $ |  |       % |
| Projected payroll: | $       |
| **Please indicate the percentage of the applicant's turnover for the following categories:** |
| Residential: |       % |  | Commercial : |       % |  | Industrial: |       % |
| Institutional: |       % |  | Agricultural: |       % |  |  |  |
| **Number of sprinkler system installers working in the company:** |       |
| Please specify the certification required: |       |
|       |

|  |
| --- |
| **Number of stories of buildings worked on (provide an approximative split by %):** |
| Under 4 stories: |       % |  | 4-10 stories: |       % |  | Over 10 stories: |       % |

**DESIGN WORK**

|  |  |
| --- | --- |
| Does the applicant provide his own system design work? | [ ]  Yes [ ]  No |
| If **YES**, do individuals performing design work have a professional engineer (P.E.) designation? | [ ]  Yes [ ]  No |
| If **NO**, specify: |       |
| Years of experience in sprinkler system design? |       |
| Does the applicant provide design work for others? | [ ]  Yes [ ]  No |
| If yes, specifiy percentage 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 | [ ]  Other |
| If **OTHER**, describe type and occupancy use: |       |
| When required, are design plans approved? | [ ]  Yes [ ]  No |
| If **YES**, specify by whom: | [ ]  Architects | [ ]  Municipal Authorities |

**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 **YES**, please provide a copy. |  |
| If **NO** to any, please explain: |       |
| How long are files for each job maintained? |       |
| Is all work signed off by site supervisor/foreman? | [ ]  Yes [ ]  No |
| Any leak watch monitoring in place? | [ ]  Yes [ ]  No |
| **Does the applicant perform a pre-job inspection checklist, including: (CONTINUED NEXT PAGE)** |
| 1. Evidence of any past or current sprinkler system damage and or leakage
 | [ ]  Yes [ ]  No |
| 1. Evidence of improper work by other contractors
 | [ ]  Yes [ ]  No |

|  |
| --- |
| **Does the applicant perform a pre-job inspection checklist, including: (CONTINUED)** |
| 1. Note location of sprinkler control valves
 | [ ]  Yes [ ]  No |
| 1. Examine building modifications which may impact work being done
 | [ ]  Yes [ ]  No |
| Does the applicant perform and record a post-job inspection? | [ ]  Yes [ ]  No |
| Does the applicant have a water mitigation plan in place for onsite work? (example: clean up kits) | [ ]  Yes [ ]  No |
| Specify any other preventive measures put in place by the applicant: |       |
|       |

**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 |
| Who is responsible for putting on the red tags? |       |
| Does the applicant warn the customer against deactivating parts of the system? | [ ]  Yes [ ]  No |
| Does the applicant 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 |
| Does the applicant require testing of all systems, whether new construction, retrofit or repair, before final sign-off? | [ ]  Yes [ ]  No |
| If **NO**, please explain: |       |
| Does the applicant 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 |

**CPVC TRAINING AND CERTIFICATION**

|  |  |
| --- | --- |
| Does the applicant do CPVC work? | [ ]  Yes [ ]  No |
| If **YES**, please provide percentage of CPVC work: |
| New construction: |       % |  | 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 those pipe size: |
| ¾: |  |       |  | 1” ¼ and 1” ½ : |  |       |  | 2’’: |  |       | 2” ½ and 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 |
| Does the applicant keep detailed record on file of employee CPVC training and certificates? | [ ]  Yes [ ]  No |
| Are only trained/certified fitters permitted to install CPVC? | [ ]  Yes [ ]  No |
| Name of training program/certification: |        |
| Number of trained and certified CPVC fitters: |       |
| Are all CPVC piping and materials used on the job approved for the specific installation and working pressures included in  |
| the job specification? | [ ]  Yes [ ]  No |
| Does the applicant use only CPVC piping that has been stored and maintained properly? | [ ]  Yes [ ]  No |
| Does the applicant keep CPVC pipe and fittings in original packaging until needed? | [ ]  Yes [ ]  No |
| Does the applicant inspect the CPVC for any defects or physical damage before use? | [ ]  Yes [ ]  No |
| Do contractors only use pipe hangers designed for CPVC piping?  | [ ]  Yes [ ]  No |
| Do contractors pressure test the CPVC installation in strict accordance with the manufacturer’s recommendations? | [ ]  Yes [ ]  No |

 **ADDITIONAL INFORMATION**

|  |
| --- |
|       |

**STATEMENT**

|  |
| --- |
| THE APPLICANT CERTIFIES THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO INFORMATION HAS BEEN SUPPRESSED OR MISSTATED. |
|       |  |       |
| *Signature of applicant* If signed in the name of a company, indicate the position occupied: |  | *MM/DD/YY*       |
| **The application must be signed by an officer, a director of the applicant Named Insured.** |
|       |  |       |

To send your quote request or to contact our team, write us at: mtl.cgl@tottengroup.com .
Our team will be happy to see if we can help you with your risk!