**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](mailto:tot.cgl@tottengroup.com) .  
Our team will be happy to see if we can help you with your risk!