

**AMERICAN FIRE SPRINKLER
ASSOCIATION (AFSA)
Supplemental Application**



Account Name		Producer Name	
Account Contact Name		Producer e-mail address	
Account web site address	Account e-mail address	Date Completed	
Are you a member of a National Association?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		AFSA <input type="checkbox"/> NFSA <input type="checkbox"/>	
What is the Federal Tax ID number?			

****** PLEASE ATTACH A LIST OF THE RISK'S JOBS (JOB LIST) FOR THE LAST THREE TO FIVE YEARS.******

Eligible Classifications:

The AFSA program includes the following primary classification but does not limit the use of other incidental classifications which may be appropriate to the individual risk:

Description	SIC CODE	General Liability	Workers' Comp
Fire Suppression Systems—Installation, Servicing or Repair	1711-7	94381	5188

ELIGIBILITY:

(Definitions of *italicized terms* are provided at the end of the supplement)

1. Does the account have at least \$100,000 payroll assigned to the installation, servicing or repair of fire suppression systems? Yes No

If **No** the account is **ineligible** for the AFSA program.

2. Does the account have a formal written Water Damage Prevention Program? Yes No

Please Describe:

Retain Documentation with each file

Sign off sheets from owner/GC on designs

Delivery of NFPA 25 Phamplet

Final inspection and acceptance signoff from owner/GC per NFPA 25

Etc.

If **No** the account is **ineligible** for the AFSA program.

3. What % of the risk's operations emanate from the installation, servicing or repair of water-based extinguishing systems within the following four categories:

a. *Category I, Wet-Pipe Systems* ___%

b. *Category II, Dry-Pipe System Under Air Pressure* ___%

c. *Category III, Pre-Action Systems* ___%

d. *Category IV, Deluge Systems* ___%

If the total is <51% the account is **ineligible** for the AFSA program. **0%**

4. What % of the risk's operations emanate from the following:

- a. New installation work _____%
- b. Retrofit work _____%
- c. Rehab/renovation work _____%
- d. Service/Repair _____%

Does the insured perform any of the following operations:

- e. Installation, servicing or repair of chemical-based extinguishing systems, including high expansion foam systems, other than clean agent (halon)? Yes No
- f. Installation, servicing or repair of clean agent (halon) systems >25% of total operations? Yes No
- g. Alarm system sales or installation other than the mechanical installation of parts within the sprinkler system (e.g., a water flow detection device)? Yes No
- h. Manufacturers or distributors of automatic sprinkler heads, valves, gauges, pumps, alarms or detection systems? Yes No
- i. Sale, installation, servicing or repair of fire extinguishers, ansul-type systems or any other type of packaged or pre-engineered suppression equipment >25% of total operations? Yes No
- j. Design work for systems not installed by the insured >15% of total operations? Yes No
- k. Inspection, testing or certification of systems not installed by the insured >15% of total operations? Yes No

If **Yes** to any of the above the account is **ineligible** for the AFSA program.

- l. Do the individuals performing design, inspection, testing and/or certification work have a Professional Engineer (P.E.) designation or the National Institute for Certification in Engineering Technologies (NICET) Level III or above? Yes No

If **No**, describe the qualifications of the individual(s) doing this work.

- m. Have any professional liability claims been made against the insured due to systems they designed, inspected, tested or certified? Yes No

n. If **Yes**, please provide the claim details, including date of loss, amount of claim, nature of claim, project description, current status, etc.

5. Risk is operating as:

<input type="checkbox"/> <i>General Contractor</i> ___%	<input type="checkbox"/> <i>Prime Contractor</i> ___%	<input type="checkbox"/> <i>Subcontractor</i> ___%
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6. Indicate the **average** percentage of the risk's TOTAL payroll or sales **during the past 5 years** for the following:

Percentages based on: (Check One)

Payroll or Sales

COMMERCIAL WORK					%
INDUSTRIAL WORK					%
HABITATIONAL WORK					
Please complete if the risk does any habitational work.					
HABITATIONAL WORK BREAKDOWN	% NEW or MAJOR REHAB/ RENOVATION	+	% SERVICE OR MAINTENANCE	=	
<input type="checkbox"/> CONDOMINIUMS (High And Low Rise)	%	+	%	=	%
<input type="checkbox"/> MULTI-FAMILY OWNED DEVELOPMENTS (including townhouses)	%	+	%	=	%
<input type="checkbox"/> TRACT HOUSING	%	+	%	=	%
<input type="checkbox"/> TRIPLEXES AND DUPLEXES	%	+	%	=	%
<input type="checkbox"/> APARTMENTS	%	+	%	=	%
<input type="checkbox"/> Other	%	+	%	=	%
OTHER WORK: PLEASE DESCRIBE:					%
TOTAL (THE TOTAL SHOULD EQUAL 100%.)					

7. Does the risk have any future plans related to work involving apartments, condos, townhouses, tract homes, custom homes or homes of unusual design. Yes No

If **Yes**, please describe.

8. List the states the insured worked in during the last 5 years.

9. Has the risk ever installed or have any future plans involving the installation of EIFS? Yes No

10. Has the risk ever been named in claims and/or litigation regarding faulty or defective construction or workmanship, including claims due to *subsidence* issues or use of EIFS? Yes No

If **Yes**, was risk acting as a general or sub-contractor? Was it a habitational or commercial project? Provide detail on claims/litigation and how the issue was corrected.

11. Does risk have knowledge of any pre-existing act, omission, event; condition or damages to any person or property that may potentially give rise to any future claim or legal action? Yes No

If **Yes**, please describe.

If the answers to questions 9, 10 or 11 are **Yes**, please discuss the risk with your underwriter.

12. A. Any current or past involvement with *wrap-up/OCIP*? Yes No
 B. Any residential *wrap-ups*? Yes No
13. Does the risk have a quality control program? Yes No
 If **Yes**, is it Informal or Documented
14. Does the risk retain job files? Yes No
 If **Yes**, how long are they retained?
15. List the types of work subcontracted.
- a. Does the risk obtain Certificates of Insurance from all subcontractors? Yes No
 b. Is the risk named as an additional insured on all subcontractors' policies? Yes No
 c. Does the risk require all subcontractors to carry primary limits equal to or greater than their own? Yes No
 d. Does the risk use written subcontractor agreements containing hold harmless/indemnity agreements in favor of the risk? Yes No
16. Indicate the types of subcontractor agreements the risk typically signs.
 Standard (AGC, AIA contracts) Custom Other

Please complete if umbrella is needed.

Personal Usage

17. Does the insured allow anyone to take vehicles home? Yes No
 If so, who and how many? _____
18. Do they have written guidelines on personal use of company vehicles? Yes No
19. Do they allow family members to drive the company cars? Yes No
20. Do they report personal usage as additional income? Yes No

HISTORICAL EXPOSURE

	Expiring Year Term: _____	1 st Prior Year Term: _____	2 nd Prior Year Term: _____	3 rd Prior Year Term: _____	4 th Prior Year Term: _____
Premium					
General Liability Payroll					
Receipts					

Definitions

Category I, Wet-Pipe Systems. The sprinkler system piping is filled with water under pressure. Should a fire occur, the heat activates individual sprinkler heads. This type of system is used in parts of the country where there is minimal danger of the water in the pipes freezing.

Category II, Dry-Pipe System Under Air Pressure. Should a fire occur, heat reduces the pressure, allowing the clapper in the dry-pipe valve to release water into the piping through the sprinkler heads and onto the fire. This type of system is used in unheated warehousing, dock areas, refrigerated areas or locations where the water will probably freeze inside the piping.

Category III, Pre-Action Systems. These are dry-pipe systems in which the air in the piping may or may not be under pressure. Should a fire occur, a fire-detecting device in a protected area opens a valve, which permits the water to flow into the piping before the sprinkler head is activated. These systems are pre-engineered primarily to protect high-valued properties from water damage should the system malfunction.

Category IV, Deluge Systems. These are similar to pre-action systems, except that all sprinkler heads are open at all times. Should heat from a fire activate the fire-detecting device, water flows to and is discharged from all sprinkler heads on the piping system, deluging the protected area. This type of system is used when the location contains highly combustible materials.

EIFS: Exterior Insulation finishing Systems - multi-layered exterior wall systems (which resemble stucco in appearance) that are used on both commercial buildings and residential homes.

General Contractor: A contractor who subcontracts work to others in excess of 50% of their total receipts, exercises primary control of the job-site, and is named in the construction documents as the general contractor of record.

Habitational Work: Condominiums, duplexes, triplexes or townhouses.

Prime Contractor: Any contractor on a project having a contract directly with the owner.

Subsidence: Any movement of land or earth including: landslides; mudflow; earth sinking, rising, and shifting; collapse or movement of fill, earth settling, slipping, falling away, caving in, eroding or tilting; and earthquake.

Wrap-up (OCIP): A policy providing coverage(s) for all interests in a major construction project. Also known as an OCIP (Owner Controlled Insurance Program) or a CCIP (Contractor Controlled Insurance Program).

Additional Questions

Does the insured have a New Hire Orientation Program with pre-physicals, drug screening, etc.? _____

Are safety meetings held on a quarterly basis with attendance by mgrs. And employees with attendance records kept? _____

If less than quarterly records kept, how often? _____

If subs are hired, are all contracts reviewed by legal counsel or the insurance agent? _____

Is there a Diary System in place to track expiration dates of certificates of insurance? _____

What percentage of your work is CPVC-New _____% Retro or Repair _____%

Are all fitters trained on the various cure times for different size pipes? _____

How long do you let a "cut-in" cure for pipes 1 1/4" _____, 1 1/2" _____, and 2" _____?

Is the cure time adjusted for temperature? _____ Humidity? _____ & Angle cut of pipe? _____

Prior year number of employees _____

Current year number of employees _____

WORKERS COMPENSATION

(IF YOU WANT A WORKERS COMPENSATION QUOTE PLEASE COMPLETE THIS SECTION)

RISK MANAGEMENT

Hiring Practices:

21. Do you have check references for new hires? Yes No
22. Do you conduct pre-employment drug testing? Yes No
23. Do you conduct pre-employment physicals? Yes No
24. Do you conduct pre or post employment road tests for drivers? Yes No

Pre-Lost Procedures:

25. Do you have a Safety Director? Yes No
26. Do you have a Formal Safety Program? Yes No
If yes, how does Management support it? _____
27. Do you have Safety Training? Yes No

If yes, what is the frequency of the training? _____	
Is attendance mandatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No

28. Do you have tailgate safety meetings? Yes No

Post-Lost Procedures:

29. Do you have a Return-to-Work Program? Yes No
If yes it is written and formal? _____

MANAGEMENT

30. What is your employee turnover ratio? Yes No

Employee Stability: _____

31. What is the average tenure of your employees? Full time _____ Part time _____
32. Do you use temporary employees? Yes No
33. Do you promote temporary employees to permanent? Yes No
34. What is your employee turnover ratio? _____

Employee Relations:

35. Do you provide employee benefits? Yes No
36. Do you subsidize the cost of benefits? Yes No
37. How does your pay scale compare with the industry in your locale? _____

HISTORICAL EXPOSURE

	Expiring Year	1 st Prior Year	2 nd Prior Year	3 rd Prior Year	4 th Prior Year
Premium:					
Workers Comp Payroll					
Experience Modifier					
Currently Valued Losses					

Please attach the current experience modification worksheet.

Information provided by the named insured to the Claim Documentation Program will be kept in strict confidence and can only be released to the insurance carrier's claims adjuster related to a specific claim reported by the above noted named insured. This information will not be released without the express written consent of the named insured or the insured's agent, unless ordered to do so by court processes. In the event any records are subpoenaed the insured will be notified immediately.

Will you commit to participation in the Audit Trail Program? _____ *

(*Required to participate)

Information provided by the named insured to the Audit Trail Center will be kept in strict confidence and can only be released to the insurance carrier's claims adjuster related to a specific claim reported by the above noted named insured. This information will not be released without the express written consent of the named insured or the insured's agent, unless ordered to do so by court processes. In the event any records are subpoenaed the insured will be notified immediately.

Producer's Signature **Date**

Applicant's Signature **Date**