

BISA FIRE SUPPRESSION PROGRAM
Application For Inclusion of Additional Insured

**(Note: A separate application is required and must be approved
for each requested Additional Insured and/or Project to be added to this policy.)**

1. Name Insured: _____ Policy Number: _____		
Policy Period: Effective Date: _____		Expiration Date: _____
Name of Requested Additional Insured: _____		
Mailing Address: _____ _____		
2. Interest of Additional Insured: _____ _____		
3. Complete Description of work to be performed:		
<input type="checkbox"/> Sprinklers <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Fire Alarms <input type="checkbox"/> Restaurant Systems		
Describe: _____ _____		
4. If work to be done is Sprinkler Systems, please complete the following:		
<input type="checkbox"/> New Construction <input type="checkbox"/> Retrofit <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Service Contract		
Describe: _____ _____		
5. Building Occupancy: _____ Type of Construction: _____		
Number of Stories: _____		Number of Units or Homes _____ Cost of Contract \$ _____
Specific work site locations: (Please include lot/block and/or building number(s): _____ _____		
6. Date work to be started: _____ Estimated date of completion: _____		
Is there a written contract between the Insured and the Additional Insured specifically for the work on the job as described above? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy.		
Applicant's Warranty: Applicant warrants that the above information is true and complete. Applicant understands that the insurer will rely on this information for purposes of acting on this application for insurance. This application will become part of any policy issued. The provision of false information in an application for insurance is fraud, which is a crime in many states.		
_____	_____	_____
Insured's Signature	Insured's Name (Please Print)	Date
_____	_____	_____
Producer's Signature	Date	Submitting Producer

Approval: For Company Use Only

Approved By: _____
Signature Title Date