

BISA INSURANCE SERVICES, INC.
3047 EAST WARM SPRINGS ROAD, SUITE 300, LAS VEGAS, NV 89120
PHONE (800) 767-2472 FAX (800) 755-2514

APPLICATION FOR THE FIRE PROTECTION CONTRACTOR PROGRAM

SECTION I – GENERAL INFORMATION

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Name of Applicant: _____	Requested Effective Date: _____
DBA: _____ <i>(If applicable, include DBA or Trade Name.)</i>	
2. Mailing Address: _____ <i>(Street)</i>	
_____ <i>(City)</i> _____ <i>(State)</i> _____ <i>(Zip Code)</i>	
Physical Address: _____ <i>(Street)</i>	
_____ <i>(City)</i> _____ <i>(State)</i> _____ <i>(Zip Code)</i>	
Do you have any other business locations? If yes, list addresses on a separate sheet. <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Web Site Address: _____	
4. Phone: _____ Fax: _____ E-mail: _____	
5. Business Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Describe): _____	
6. Number of years in business under the above name: _____	
7. Business Owner(s): _____ Percentage of Ownership: _____ % _____ %	
8. Additional years of Owner's experience: _____ Describe Owner's prior experience: _____	
9. Within the past 10 years, has the Applicant/Owner operated under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer A-C.	
A. Provide name and describe operations: _____	
B. Is this Entity and/or Business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. If still active, is there separate General Liability insurance in place for their operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION II – BUSINESS ORGANIZATIONAL DATA

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Does the Applicant/Owner currently own any other Entities and/or operate any other Businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
A. If yes, please explain and verify that separate General Liability insurance is in place for these operations: _____	

2. Does the Applicant/Owner (Applicant being the Parent Company) currently own any Subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No	
A. If yes, please explain: _____	

3. Is the Applicant/Owner currently listed as a Subsidiary of any other Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
A. If yes, please explain: _____	

C. FIRE EXTINGUISHERS

1. Provide your annual Gross Sales for the Current Year and the 2 Prior Years:

Projected for Current Year	1 st Prior Year	2 nd Prior Year
\$ _____	\$ _____	\$ _____

2. Describe your operations by percentage based on your annual Gross Sales (**must equal 100%**):

Installation _____ % Service/Repair _____ % Testing _____ %
 Grease Cleaning _____ % Product Sales _____ %

3. Do you Install, Service/Repair and/or Test equipment aboard Aircraft, Watercraft or at Airports, Aviation Facilities and/or Marine/Off Shore Facilities? Yes No

D. FIRE ALARM SYSTEMS

1. Provide your annual Gross Sales for the Current Year and the 2 Prior Years:

Projected for Current Year	1 st Prior Year	2 nd Prior Year
\$ _____	\$ _____	\$ _____

2. Describe your operations by percentage based on your annual Gross Sales (**must equal 100%**):

Installation _____ % Service/Repair _____ % Monitoring _____ %

3. Describe the types of Alarms Systems you handle by percentage based on your annual Gross Sales (**must equal 100%**):

Fire only _____ % Burglary only _____ % Fire and Burglary _____ %
 Other _____ % **Describe Other:** _____

4. Describe the types of accounts you handle by percentage based on your annual Gross Sales (**must equal 100%**):

Office Buildings _____ % Schools/Institutions _____ % Airports/Aviation Facilities _____ %
 Retail _____ % Hospitals/Nursing Homes _____ % Research Facilities/Labs _____ %
 Industrial/Mfg. _____ % Apartment Buildings _____ % Marine/Off Shore Facilities _____ %
 Restaurants _____ % Condos/Town Homes _____ % Other _____ %
 Hotels/Motels _____ % Single Family Homes _____ % **Describe Other:** _____

5. Provide a percentage breakdown of your operations based on your annual Gross Sales (**each applicable line must equal 100%**):

Commercial Installation and/or Service/Repair _____ % + Commercial Monitoring _____ % =100%
 Residential Installation and/or Service/Repair _____ % + Residential Monitoring _____ % =100%

6. Percentage of your Alarm System Customers that sign your Contract:

Commercial Customers _____ % Residential Customers _____ %

7. Do your Installation, Service/Repair and/or Monitoring Contracts contain Indemnity wording in your favor? Yes No

8. Do your Installation, Service/Repair and/or Monitoring Contracts contain a Limitation of Liability (i.e. a stated dollar amount for damages) clause? Yes No

9. Have you in the past, are you currently, or do you plan to do any Installation and/or Service/Repair in any new or existing Condominiums, Townhouses, Row Houses and/or Tract Home Developments - consisting of more than 25 Tract Homes? Yes No

10. Do you Install, Service/Repair and/or Monitor any Life Support Systems, Medical Emergency or Home Detention Systems? Yes No

E. CAULKING – FOR FIREPROOFING

1. Provide your annual Gross Sales for the Current Year and the 2 Prior Years:

Projected for Current Year	1 st Prior Year	2 nd Prior Year
\$ _____	\$ _____	\$ _____

2. Are your Fireproofing operations limited to the Fireproofing of walls, beams and/or barrier gaps? Yes No

3. Do you Fireproof any non-structural and/or soft materials (e.g. fabrics, plastics, etc)? Yes No

SECTION IV – CONTRACT INFORMATION

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Please list the percentage of your work for each of the following (**must equal 100%**):

General Contractors	_____ %	General Public	_____ %	Military/Government	_____ %
Municipalities	_____ %	Fire Department	_____ %	Commercial/Industrial	_____ %
Other	_____ %	Describe Other:	_____		

SECTION V – PRODUCT INFORMATION

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Does your company Sell (Retail, Wholesale and/or Internet) any type of Life Support Equipment and/or Protective Clothing? Yes No

If yes, describe and provide the associated annual Gross Sales: _____

2. Do you repackage and/or sell any products under your own label? Yes No

3. Are you an Authorized Dealer for any Manufacturer? If yes, please list below. Yes No

Name of Manufacturer	Products Line Represented

4. Are all the Products used in conjunction with your business made and/or purchased in the United States? Yes No

5. Do you offer your Clients any type of Service Contract? If yes, please attach a copy. Yes No

SECTION VI – RISK MANAGEMENT

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Please list any State and/or National Trade Associations you belong to: _____

2. Describe Owner’s duties and/or involvement in daily operations: _____

3. Do you work in any State other than the one where your office/shop is located? Yes No

If yes, please list: _____

4. Is a license required to operate in your State? Yes No

If yes, please provide your license number: _____

5. Do you maintain records on all Service/Repair and/or Testing? Yes No

If yes, for how many years? _____

6. Do you Subcontract Work to Others? Yes No

If yes, answer A-D.

A. What percentage of your Total Operations is Subcontracted to Others? _____ %

B. What type of work is Subcontracted to Others? _____

C. Do you obtain a Certificate of Insurance from each Subcontractor evidencing Liability Limits of at least \$1,000,000/\$2,000,000? Yes No

D. Do you require all Subcontractors to add you onto their policy as an Additional Insured? Yes No

SECTION VII – PRIOR GENERAL LIABILITY INSURANCE

1. Please provide the Insurance Company Names and your Limits, Deductibles and Premiums for the last 3 years:

Policy Year	Insurance Company Name	Limits	Deductible	Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

2. In the last 3 years, has your General Liability Insurance been Cancelled, Non-renewed or Declined? Yes No

If yes, please explain: _____

SECTION VIII – GENERAL LIABILITY CLAIMS HISTORY

1. Please provide details for the last 3 years. If none, please state "none".

Date of Claim	Description of Loss	Amount of Claim
		\$
		\$
		\$
		\$
		\$

Applicant and Producer Signatures:

APPLICANT: I UNDERSTAND THAT THIS APPLICATION FOR INSURANCE AND ANY POLICY ISSUED AS A RESULT OF THE APPROVAL OF THIS APPLICATION WILL **ONLY** PROVIDE INSURANCE FOR FIRE PROTECTION OPERATIONS. I FURTHER UNDERSTAND THAT NO COVERAGE WILL BE PROVIDED FOR ANY OTHER BUSINESSES, OPERATIONS OR SERVICES UNLESS THEY ARE SPECIFICALLY ADDED TO ANY POLICY ISSUED FOR AN ADDITIONAL PREMIUM. I BELIEVE THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE INSURER WILL RELY ON THESE STATEMENTS IF A POLICY IS TO BE ISSUED. PROVIDING FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS FRAUD, WHICH IS A CRIME IN MANY STATES.

Applicant's Signature

Applicant's Title

Applicant's Name

Date

Producer's Signature

Date

IMPORTANT: THIS IS NOT A BINDER OR OFFER OF COVERAGE