



**FIRE SPRINKLER CONTRACTORS
SUPPLEMENTAL APPLICATION**

Applicant Name _____ Effective Date _____

DESCRIPTION OF OPERATION

1. Using the applicant's annual gross receipts, estimate the income obtained from these categories:

Operations		Client Base		Systems	
New Installation	_____ %	Commercial	_____ %	Wet Systems	_____ %
Retrofit (vacant)	_____ %	Institutional	_____ %	Dry Systems	_____ %
Retrofit (occupied)	_____ %	Apartments	_____ %	Special Hazards	_____ %
Design	_____ %	Single Family	_____ %	Alarms	_____ %
Service/Repair	_____ %	Condos/Track Housing	_____ %	Extinguishers	_____ %
Inspection	_____ %	Condos-Commercial	_____ %		_____ %
Total	_____ 100 %	Total	_____ 100 %	Total	_____ 100 %

- a. Service, Repair and Inspection: How much was originally completed by:
Applicant _____ % Others _____ % (100% total)
- b. Jobs including Fire Pumps _____% Special Hazards: Foam _____% Gas/Chemical _____% Other _____%
If gas/chemical work is done, describe systems installed: _____

- c. Does the applicant install, inspect, service or repair kitchen "ansul" type systems or other fixed fire extinguisher systems designed for use over cooking surfaces? Yes No
- d. Does the applicant conduct any hood and duct cleaning? Yes No

2. Does the applicant use any subcontractors? Yes No If yes, indicate cost of subcontracted work:

Design	\$ _____	Fabrication	\$ _____	Electrical	\$ _____	
Underground	\$ _____	Other	\$ _____	Chemical Systems	\$ _____	
					TOTAL	\$ _____

Limits of Liability required for the subcontractor: \$ _____

- 3. a. Sample of current jobs _____

- b. List 6 jobs completed within the last year _____

4. Have any of your jobs been in chemical plants, refineries, nuclear power plants or similar hazardous occupancies:
 Yes No *If yes, attach a list of all jobs done, year, name and occupancy, contract cost, system installed, type of chemicals, total square foot area of plan, who drew up specifications for system, who did layout, what areas of the plant were done.*

5. Does the applicant operate under different company names? Yes No If yes, complete the following:

Name	Percent Owned	Operations	Receipts %

6. Indicate the receipts and FIRE SUPPRESSION payrolls for the following:

		Last 12 Months	Year Prior	2 Years Prior
Est. Annual Receipts	\$	\$	\$	\$
Fire Suppression Payroll	\$	\$	\$	\$
Other Field Payroll	\$	\$	\$	\$
Designer/Engineers Payroll	\$	\$	\$	\$

DESIGN AND/OR SHOP DRAWINGS

1. a. Are shop drawings for sprinkler systems prepared by the applicant? Yes No
- b. Percent of all design done in-house? _____%
- c. Describe how drawings are checked for compliance with the engineering specifications and the local building and life safety codes. _____

2. Design work done by NICET or Experienced Designers (not PE's):

a. List the names of individual(s) on your staff who design and/or modify plans, along with their qualifications:

Name	NICET Level	Years Design Experience

3. Design work done by PE on staff:

Yes No

- a. Is there a licensed and/or registered Professional Engineer (PE) on staff? Yes No
If yes, does the PE do any stamping or sealing? Yes No
- b. Does the PE stamp and seal plans for outside firms? Yes No
- c. Number of licensed Professional Engineers (PE) currently employed _____
Name(s) _____
- d. Does your firm or the individual PE on your staff carry separate professional liability coverage? Yes No
Limit carried: \$ _____
- e. Does the PE do any engineering work on behalf of the applicant for projects where the applicant has no construction activities? Yes No
If yes, explain. _____
- f. Does the PE do any non-fire sprinkler engineering work? Yes No
If yes, explain. _____

4. Are outside firms subcontracted by the applicant for the design/engineering work? Yes No

If yes, indicate _____%

- a. Are certificates of Professional Liability required from this design subcontractor? Yes No
Limits: \$ _____
- b. Are NICET Level III or IV Certified employees used? Level _____ Yes No
- c. Does outside firm have a PE on staff? Yes No

5. a. Changes to drawings/specification approved by: _____

- b. Does the applicant management (job foreman) approve any changes to the drawings/specifications? Yes No
If yes, describe changes in design the foreman is permitted to make. _____

- c. Have there been any professional liability claims within the last 5 years? Yes No
 Attach currently valued loss runs or provide description of claims. (Include total amounts paid and/or reserved.)

INSTALLATION PRACTICES

1. Describe exactly the procedures when a system has to be shut down overnight or when a system impairment is found.

2. Indicate who walks the final pipe installation prior to testing or activation. _____
3. How does the field supervisor assure quality (checklists, daily visits, etc.)? _____

4. Indicate who at the applicant's firm verifies, at completion of the job, that all work complies with NFPA Standards and local codes. _____
5. How is the system checked for tightness before final pressure test: Blow Back Air Pressure
 Water Pressure Other Methods _____
6. If retrofit or service work is done, answer the following:
 - a. Measures used to protect the contents in occupied buildings. _____

 - b. Indicate how the applicant protects their workers from exposure to asbestos. _____

 - c. Do job proposals include an asbestos clause, allowing for removal of asbestos prior to work completion?
 Yes No
7.
 - a. Approximate percent of jobs using CPVC pipe _____%
 - b. Are all your fitters trained on the various cure times for different size pipes? Yes No
 - c. How long do you let a "cut-in" cure for pipes: 1 ¼" _____ 1 ½" _____ 2" _____
 - d. Is this cure time adjusted for any of the following?
 - (1) Temperature Yes No
 - (2) Humidity Yes No
 - (3) Angle cut of pipe Yes No
8. Underground work for applicant's installation jobs:

<input type="checkbox"/> Owner contracts for this	_____%
<input type="checkbox"/> Applicant Subcontracts out	_____%
<input type="checkbox"/> Applicant's employees do the excavation	_____%

GENERAL BUSINESS PRACTICES

1.
 - a. Are detailed records kept on all jobs? Yes No
 Check the following if records include: Dates Type of Work Performed Materials Used
 Plans and Test Certificates When the System is Activated
 - b. Describe procedure and documentation for turning the system over to the building owner, including instructions for system operation. _____

- c. How is distribution of NFPA 25 to the building owners documented? _____

- d. Do you use the NFPA 13 2002 Version of the above and underground test certificates? Yes No
2. a. Length of time records are retained _____
 If less than 10 years, are you willing to extent to 10 years? Yes No
- b. Are duplicate records kept at another location? Yes No
- c. Do you use electronic field inspection systems? Yes No

3. Are you currently involved in any wrap-up programs (owner-controlled [OCIP] or contractor-controlled insurance programs [CCIP])? Yes No

4. Type of training programs required by the applicant:

Office Personnel	
Designers	
Sales	
Field	

5. Do the employees of the applicant participate in any professional organizations such as:
 NFPA SFPE NFSA AFSA Other _____

6. Do you have any current contracts in effect that hold another party harmless for their negligent acts? Yes No
 If yes, describe. _____

ALARMS - To be completed only when Alarm work is done by the Applicant.

1. Type of alarm(s) serviced, repaired, installed or sold: (Check all that apply.)
 Fire Alarms Smoke Alarms Medical Alert
 Sprinkler Alarms Burglar Alarms Other _____

2. Are the alarm systems: Central Station _____ %
 Local _____ %
 Direct _____ %

3. Clients are: Commercial _____ % Residential _____ %

4. Does the applicant:
 a. Monitor any systems? Yes No
 b. Manufacture any systems? Yes No

5. Does the applicant have a contract with any monitoring company? Yes No
If yes, provide a copy of the contract (REQUIRED).

6. If work is done on fire alarms:
 a. **Provide a copy of the contract between the applicant and each client.**
 b. Provide all loss information for the past three years:

Date	Description of Loss	Amount of Loss

c. Describe any additional incidents that have occurred which may result in a claim being made against you or your company. _____

State Sprinkler License Number _____

State License Not Required

Company Name _____

Email Address _____

Website Address _____

Applicant's Signature

Title

Date