

Fire Suppression Supplemental

National Fire & Marine Insurance Company
National Indemnity Company of the South

(Complete in Addition to M-5593 General Liability Application)

Policy Term From: _____ To: _____

1. Name of applicant: _____

(Complete one supplemental for each named insured and for each risk.)

2. Physical location address: _____

3. Contact information for premium audits and inspections (name & phone): _____

4. Does your business maintain a website? Yes No

If yes, list the web address: _____

5. Do you have any operations, exposures, or ventures, active or inactive, not listed on this application? Yes No

a. If yes, provide entity name(s): _____

b. Do all entities carry General Liability insurance? Yes No If yes, name of insurer: _____

6. Length of time in business: _____ Years of experience: _____

7. How many owners, partners and officers? _____

8. How many employees other than owners, partners and officers? _____

9. Estimated upcoming annual payroll/receipts breakdown:

	Payroll	Receipts
New Installation		
Service/Repair		
Inspection		
Design		
Grease/Duct Cleaning		
Other (describe)		
Total		

Describe other payroll/receipts: _____

10. Total payroll/receipts history:

Year	Payroll	Receipts
Last		
2 nd prior		
3 rd prior		
4 th prior		
5 th prior		

11. Do you install or service systems in buildings over four stories? Yes No

12. Do you sell or manufacture any fire protection equipment? Yes No

13. Are you a member of any of the following professional organizations?

AFSA NFPA NFA SFPE

Other, describe: _____

14. Sales breakdown:

Market Segment	% of sales
Commercial/Industrial	
Residential	
Institutional	
Restaurants	
Computer Rooms	
Vehicles or Mobile Equipment	
Total	100%

System	% of sales
Dry Sprinklers	
Wet Sprinklers	
Foam/Chemical	
Portable Extinguishers	
Other (describe)	
Total	100%

Describe other systems: _____

15. Do you utilize any of the following in your operations?

- Subcontractors
- Uninsured Subcontractors
- Casual Labor
- Volunteer Workers
- Leased Employees

16. Do you obtain the following from all subcontractors before they enter your jobsite?

a. Certificate of Insurance for:

- General Liability Insurance Yes No If yes, what limits of liability? \$ _____ / _____ / _____
- Workers Compensation Yes No Occurrence / Aggregate / Products

b. Additional Insured Endorsement naming applicant as Additional Insured? Yes No

17. Do you require all subcontractors to hold your operation harmless by written agreement? Yes No

18. Do you hire and compensate all independent subcontractors working at your direction? Yes No

If no, explain: _____

19. Do you carry Workers Compensation Insurance on your employees? Yes No

20. Do you provide consulting services for other entities? Yes No

If yes, explain: _____

21. Do you have a signed contract with all of your customers? Yes No

22. How many additional insured endorsements do you anticipate requiring in the upcoming year? _____

23. Do you have a formal safety program in operation? Yes No

If yes, explain or provide a copy: _____

24. Loss details for the past three years (attach loss runs):

Date of Occurrence	Loss Description	Loss Amount (including reserves)

25. Has any prior insurance been cancelled or non-renewed? Yes No

If yes, explain: _____

This Supplement is a part of the Application and will be relied upon by the Company as an integral part of the Application.

Applicant's Signature

Date