



Mid America Specialty Markets
 2800 Forum Blvd Suite 4B
 Columbia, MO 65203
 573-447-4990
 agency@mail@midaminsurance.com

Fire Protection Questionnaire (Attach to an Acord application)

Policy Number: _____

Applicant's name _____				
Address _____				
	Street	City	State	Zip
Applicant's website address _____		Contact's email address _____		

OPERATIONS

- 1) Please include the following information with your submission for full consideration:
 - a. A copy of your Inspection Form/Report, Contracts, Purchase Order, Invoice, Disabled System Notification Sprinkler System Maintenance Agreement, Customer Agreement and any other documentation provided to customers.
 - b. Five years of loss runs and detailed account of open claims and any losses exceeding \$10,000 paid.
- 2) How long has the applicant been in business and what is the applicant's experience in the industry?

- 3) Number of field personnel that have been with the company less than one year? _____
- 4) Total number of employees: Full-time Employees _____ Part-time Employees _____
- 5) Does your company operate under different company names? Yes No
 If yes, please list the names, operations and gross receipts for each name: _____

- 6) Using your annual gross receipts, please estimate the income obtained from these categories:
***Must total 100% for each category (Client Base, Systems)**

Client Base %	Systems %
Commercial _____% (Retail, Hotel/Motel, Restaurant/Tavern)	Wet Systems _____%
Apartments/Residential/Condo _____%	Dry Systems _____%
	Pre-Action _____%
	Deluge _____%
	Special Hazard _____%
Institutional _____% (Hospitals, Health Care, Assisted Living)	Extinguishers – Hand Held _____%
	Pre Engineered Systems _____%
Industrial / Manufacturing	
Installation in buildings < 50k sq. ft. _____%	
Installation in buildings > 50k sq. ft. _____%	
High Hazard _____% (Chemical Plants, Refineries Nuclear, Railroad, Power Generation, etc.)	
Other _____%	Other _____%
Total _____%	Total _____%



7) In what state(s) does the applicant conduct business? _____

8) Do you use subcontractors for fire suppression work? Yes No

If yes:

a. What was the total cost of subcontractors?

i. Last year: _____

ii. 5-year average: _____

b. Do you obtain certificates of insurance from all subcontractors? Yes No

c. Are you added as an insured on the subcontractors' liability policies? Yes No

9) Approximately what percentage of jobs use CPVC pipes? _____ %

a. How often is CPVC training completed? _____

10) What types of accounts are serviced?

a. Installation for new construction _____ %

b. Installation for existing construction (retrofit) _____ %

c. Installation in occupied structures _____ %

d. Maintenance and repair _____ %

e. Inspection and testing _____ %

*Must total 100% for total operations

11) What is the annual payroll and receipt breakdown?

	<u>Projected Annual</u>	<u>Year Prior</u>	<u>2 Years Prior</u>	<u>3 Years Prior</u>
Receipts:	_____	_____	_____	_____
Suppression System Payroll:	_____	_____	_____	_____
Designer/Engineers Payroll:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

FIRE EQUIPMENT DEALERS

1) Are you a fire equipment dealer? Yes No

If yes:

a. What are your annual gross sales? _____

b. Provide a complete list of supplies sold: _____

EMPLOYEE TRAINING AND BUSINESS PRACTICES

1) Are detailed records kept on all jobs? Yes No

If yes:

a. How long are those records maintained? _____

b. Describe the process and procedure: _____



- 2) Are you a member of any trade organizations? Yes No
 If yes, please list names: _____
- 3) When there is a claim, how do you document the specifics of the loss and who is contacted when it occurs?

- 4) Are all employees factory trained on each and every system they service and install? Yes No
 If no:
 a. What % of work is by employees who are not factory trained? 0.00%
 b. Is regular factory training recertification maintained by all employees? Yes No
- 5) Have sprinkler employees gone through an approved Journeyman program? Yes No
- 6) Do field employees receive any training in house? Yes No
 If yes, describe the training process and provide a copy of your training, continuing education and experience requirements/manuals for field employees: _____
- 7) Do all field employees receive updated training on new editions of applicable codes and systems manuals?
Yes No If yes, describe your continuing education training in detail: _____

INSTALLATION AND DESIGN

- 1) At the completion of a project, who at the firm verifies that al work complies with the NFPA standards and/or local codes? _____
- 2) What type of quality control procedures do you use at project completion?, i.e. Daily site visits, job checklists, benchmarking daily job progress, spots checks by supervisor/foreman/owner: _____
- 3) Is any process piping done? Yes No
 If yes, please explain: _____
- 4) Are any outside firms subcontracted by the insured for design/engineering work? Yes No
- 5) What percentage of all design work is done in house? _____ %
- 6) Do you do design or shop drawing for other firms? Yes No
 If yes, what are the gross receipts? _____

(Workers Compensation coverage not available for this program)

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.

_____ Applicant's Signature _____ Date

_____ Agent's Signature _____ Agency Name _____ Date