

FIRE EXTINGUISHER CONTRACTORS SUPPLEMENT

(Include Acord application)

Applicant's Name _____ Location Address: _____
Mailing Address _____

Is risk properly licensed where required by law? Yes No License Number _____

If no, please explain: _____

Estimated annual payroll: _____ Estimated annual receipts: _____

Any subcontracting? Yes No

If yes, are certificates obtained? Yes No Cost: _____

Does applicant have Workers Compensation coverage in force? Yes No

Does applicant lease any employees? Yes No

Any sales other than fire extinguishers? Yes No If yes, receipts: _____

Is there a retail operation? Yes No If yes, receipts: _____

Any products imported? Yes No

If yes, please explain: _____

Any manufacturing? Yes No

If yes, please explain: _____

Ansul System Cleaning? Yes No

Any installation in aircraft, boats, mobile equipment or vehicles? Yes No

If yes, please explain: _____

Any hydrostatic testing for scuba tanks? Yes No

If yes, please explain: _____

Fire suppression or sprinkler inspection, installation, repair or maintenance? Yes No

If yes, please explain: _____

Any contracts with a city, county or state government? Yes No

If yes, please explain: _____

Remarks:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature

Producer's Signature

Date