

SAFETY EQUIPMENT / FIRE CONTROL LIABILITY GENERAL LIABILITY APPLICATION

1. Applicant: _____ Proposed Eff. Date: _____
2. Street Address: _____

 Mailing Address, if different: _____
 Additional Locations, if any: _____
 Please help us to keep our records up-to-date: If it is possible that we have your company listed in our files under a different name or address, please write the old name or address here: _____
3. Name of contact for inspection/audit: _____ Telephone No.: (____) _____
4. Applicant is: Individual ___ Corporation ___ Partnership ___ Other ___
5. Coverages: _____
6. Limits: \$ _____ Each Occurrence \$ _____ Aggregate
7. Deductible: \$ _____ (including loss adjustment expenses)
8. Applicant Classification: _____ % Sales _____ % Manufacturer
 _____ % Service _____ % Other _____
 _____ % Installer
9. a) Systems are: _____ % Wet Sprinklers _____ % Hand Held Extinguishers
 _____ % Wet Chemical _____ % Personal Safety (First Aid Kits, Goggles, Etc.)
 _____ % Dry Chemical _____ % Other _____

 b) Payroll \$ _____ Gross Sales \$ _____
10. Identify Manufacturers: _____
11. Where are installations made (i.e. factories, restaurants, computer rooms): _____
12. Describe other products sold or handled by the applicant: (protective clothing, life support, etc.) _____

 a) Identify customers: General Public ___ Fire Departments ___ Other ___
 (Describe) _____

 b) Is applicant covered under Broad Form Vendors coverage by the manufacturer? _____
13. Has any carrier cancelled or refused to renew? ___ If yes, please explain: _____
14. a) Claim/Loss History: If none, so state. Verified Loss Runs will be required.

Date	Description	Paid Amount	Reserves	Status
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

