

10. Indicate percentage of:

Operations		Client Base	
New Installations	%	Commercial	%
Retrofit/Renovations:	 	Institutional	%
Occupied	%	Industrial	%
Unoccupied	%	Apartments	%
Vacant	%	Single Family	%
Design	%	Condos	%
Service/Repair	%	Tract Housing	%
Inspection/Testing	%	Custom Homes	%
Total	100%	Hospitals	%
		Penal Institutions	%
		Theaters >100 seating	%
		Restaurants	%
		Hotels	%
		Cannabis Facilities	%
		Offshore Exposures	%
		Oil Refineries	%
		Total	100%

11. Does the applicant use PVC or CPVC piping? Yes No
- a. If yes, what percentage of their installations are PVC or CPVC? _____ %
 - b. Does the insured strictly adhere to the manufacturer's cure times? Yes No
 - c. Is pressure testing completed according to the manufacturer's specifications? Yes No
 - d. Are all installers properly certified by the applicable manufacturers? Yes No
 - e. Are training or certifications renewed every 2 years? Yes No
 - f. Is PVC/CPVC piping used in wet sprinkler systems only? Yes No
 - g. Does the insured use CPVC piping and fittings that are in their original packaging? Yes No
 - h. Where is the PVC/CPVC piping stored? _____

12. Does the applicant currently and/or anticipate performing any installation, service, inspection and/or repair of fire suppression systems aboard aircrafts, automobiles, mobile equipment, boats, yachts and/or food trucks? Yes No
- If yes, please describe: _____

13. Does the applicant perform any manufacturing? Yes No
- If yes, please describe: _____

14. Does the applicant sell any type of protective clothing, fire resistant clothing, life support equipment and/or breathing equipment? Yes No
- If yes, please describe: _____

15. Does the applicant sell and/or service AEDs? Yes No
- If yes, does applicant have Vendors Additional Insured coverage from the manufacturer? Yes No
- Please provide annual sales related to this work \$ _____

16. Does the applicant perform any work in the state of New York? Yes No
- If yes, what percentage is performed within the 5 Boroughs: _____ %

17. Total Number of Employees:

	Full-Time	Part-Time
Employees (other)		
Field Employees		
Total		

OPTIONAL COVERAGES

(Please attach an ACORD application)

- Property
- Business Auto
- Crime/Employee Dishonesty

- Contractors Equipment
- Workers' Compensation
- Employment Related Practices

- EDP
- Umbrella/Excess
- Pollution

Please complete below if requesting Auto, Umbrella, Workers' Compensation and/or Hired & Non-Owned coverage.

- a. Are applicants' MVRs reviewed upon hire and annually thereafter? Yes No
- b. Are standards for acceptable drivers in place? Yes No
- c. Is an action plan in place if acceptability standards are not met? Yes No
- d. Are all drivers between 21 and 70 years old? Yes No
- e. If over 70, are medical certificates stating that he/she has no medical issues that would preclude him/her from driving, available? Yes No
- f. Does the insured have an acceptable Fleet Safety Program in place? Yes No
- g. Is a Vehicle Maintenance Program in place? Yes No
- h. Is personal usage of vehicles allowed? Yes No
- i. Does the insured have a written personal use policy in place? Yes No
- j. Is the original cost new of all vehicles less than \$100,000? Yes No

If you answered "No" to any of the above, please explain: _____

UMBRELLA QUESTIONNAIRE

Please complete only if requesting umbrella coverage.

***ACORD Application & 5 Years of Auto Loss Runs required for Umbrella coverage.*

- 1. With the exception of lienholders, are any vehicles not solely owned by and registered to the applicant? Yes No
- 2. Do over 50% of the employees use their autos in the business? Yes No
- 3. Are any vehicles leased to others? Yes No
- 4. Are any vehicles customized, altered or have special equipment? Yes No
- 5. Do operations involve transporting hazardous material? Yes No
- 6. Are any vehicles used by family members or non-employees? Yes No
- 7. Does the applicant have a specific driver recruiting method? Yes No

If you answered "Yes" to any of the above questions, please explain:

WORKERS' COMPENSATION

Information Required with Submission (Please attach):

- ACORD Workers' Compensation Application
- 5 Years Currently Valued Loss Run Statements
- Experience Modification Worksheet
- Risk Identification Number for the NCCI or Appropriate State Rating Bureau or State Fund

1. Is the current coverage now in Assigned Risk, State Fund or Voluntary Market? Yes No
2. Has any insurance carrier canceled or refused to renew within the past 3 years?
(Not applicable for Missouri accounts or residents.) Yes No
If yes, please explain: _____
3. Employee Benefits Program: Group Medical 401k Other: _____
4. Do you have a transitional duty (light duty) program? Yes No
If yes, please describe: _____
5. Who is responsible for safety? _____
6. Do you have a formal safety committee? Yes No
If yes, how frequently does it meet and who attends? _____

WC WAIVER OF SUBROGATION

- Blanket Individual

Please provide the names, addresses & class codes/payroll of all contracts requiring an individual waiver of subrogation.

CRIME

Please complete only if requesting crime coverage.

1. Does the applicant allow bank account reconciliation to be completed by an individual that also has access to the account? Yes No
2. Does the applicant require countersignature of checks? Yes No
3. Are securities subject to joint control by two or more responsible parties? Yes No
4. Does the applicant require all officers and employees to take annual vacations of at least five consecutive business days? Yes No
5. Does the applicant have a written policy for Electronic Funds Transfer? Yes No
6. Does the applicant have daily deposits at a minimum? Yes No
7. Does the applicant's financial institution verify authenticity with another insured employee prior to the transfer of funds? Yes No
8. If you answered "no" to any of the above, please explain: _____

FRAUD WARNINGS

GENERAL: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act. **(Applicable in all states other than those listed below. If you are located in one of these states, please take time to review the appropriate warning prior to submitting your application.)**

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

RHODE ISLAND: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

VIRGINIA: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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