



- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

FIRE EXTINGUISHER CONTRACTORS SUPPLEMENT

(Include Acord application)

APPLICANT INFORMATION:

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

1. Is risk properly licensed where required by law? Yes No
 If yes, License Number: _____
 If no, please explain: _____
2. Estimated annual payroll: \$ _____ Estimated annual receipts: \$ _____
3. Any subcontracting? Yes No
 If yes, are certificates obtained? Yes No
 Cost: \$ _____
4. Does applicant have Workers Compensation coverage in force? Yes No
5. Does applicant lease any employees? Yes No
6. Any sales other than fire extinguishers? Yes No
 If yes, receipts: \$ _____
7. Is there a retail operation? Yes No
 If yes, receipts: \$ _____
8. Any products imported? Yes No
 If yes, please explain: _____
9. Any manufacturing? Yes No
 If yes, please explain: _____
10. Ansul System Cleaning? Yes No
11. Any installation in aircraft, boats, mobile equipment or vehicles? Yes No
 If yes, please explain: _____
12. Any hydrostatic testing for scuba tanks? Yes No
 If yes, please explain: _____

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

If yes, please explain: _____

14. 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