



MARKEL SOUTHWEST UNDERWRITERS, INC.

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 _____