

Chill-Pro ® Service Contract Insurance

NEW CONTRACTOR REGISTRATION FORM

All information will be kept confidential by the underwriters

Company Name			Date
Contact Name	Telephone	Mobile Phone	Fax
Street Address			
City, State, Zip			
E-Mail Address		Web Site Address	

General Information

How long has your company been in business?
Approximate annual service sale revenues?
How many service trucks do you operate?
How many service technicians do you employ?
Do you provide service for all types of air conditioning equipment?
Please describe any specialized service capabilities:
How long has your company been selling full service (full breakdown responsibility) contracts?
Approximately how many full service contracts do you have for equipment 25 tons and larger?
Please give us an estimate of your average hourly labor COST (wages and fringe benefits):
Who is the contact person for service contracts?
Specifically, how does your company qualify equipment that will be under a full service contract?



MSCA 06

Chill-Pro[®] Service Contract Insurance

QUOTATION REQUEST & APPLICATION FORM

Part 1 of 2

General Information

Contractor Name

Address

City

State

Zip

Contact Name

Telephone

Fax

Job Name

Probable Effective Date

E-mail Address

Job Address

City

State

Zip

Please Read and Sign

In order to provide a firm quote, units/compressors 15-years and older will require at minimum, a copy of a recent oil analysis. In addition, for chilled water systems, provide a copy of a recent eddy current test, motor megger readings, and information on any overhauls, teardowns or system upgrades.

We have inspected the equipment on this application. In our opinion, it is in satisfactory and maintainable condition. We understand that the insurance company reserves the right to inspect the equipment.

Submitted By

Date

Email to claukas@financialrs.com or Fax to 630-371-0162



Financial Risk Solutions, Inc.

Chill-Pro[®] Service Contract Insurance

QUOTATION REQUEST & APPLICATION FORM

Part 2 of 2

System 1

For numerous units please email spreadsheet to claukas@financialrs.com

Type (Check One) Centrifugal Screw Reciprocating Scroll Absorption

System Tonnage _____ Manufacturer _____ Age (years) _____

Hermetic Semi-Hermetic Open Water Cooled Air Cooled

Comfort Cooling Non Comfort Cooling (process/lab)

Unit Model Number _____ Unit Serial Number _____

Pounds of Refrigerant in Unit _____ Refrigerant Type _____ Number of Compressors _____

If more than one compressor, please complete below.

Compressor Sizes	Compressor Ages	Brand	Model Number	Serial Number

Pumps/Motors: Number _____ Mf'er _____ Size _____ Age _____

Boilers: Number _____ Mf'er _____ Size _____ Age _____

NOTES:

System 2

For numerous units please email spreadsheet to claukas@financialrs.com

Type (Check One) Centrifugal Screw Reciprocating Scroll Absorption

System Tonnage _____ Manufacturer _____ Age (years) _____

Hermetic Semi-Hermetic Open Water Cooled Air Cooled

Comfort Cooling Non Comfort Cooling (process/lab)

Unit Model Number _____ Unit Serial Number _____

Pounds of Refrigerant in Unit _____ Refrigerant Type _____ Number of Compressors _____

If more than one compressor, please complete below.

Compressor Sizes	Compressor Ages	Brand	Model Number	Serial Number

Pumps/Motors: Number _____ Mf'er _____ Size _____ Age _____

Boilers: Number _____ Mf'er _____ Size _____ Age _____

NOTES:



Financial Risk Solutions, Inc.