



Protegis Fire & Safety
AFFILIATE QUESTIONNAIRE

I. COMPANY INFORMATION

Company Name:
Mailing Address:
Remittance Address:
Phone: Fax:
Website:

II. INFORMATION REGARDING ORGANIZATION

Type of Entity: (please choose one)
[ ] Corporation [ ] Partnership [ ] Sole Proprietorship [ ] Other:
Tax ID Number: Date Established:
No. of Employees: No. of Field Techs: No. of Service Vehicles:

List states in which you company is licensed and authorized to do business and the counties of which you will travel to. (Attach separate sheet if necessary) Provide copies of each license.

State: License No:
Counties you service:

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Counties you service:

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Counties you service:

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Counties you service:

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Counties you service:

**III. CONTACT INFORMATION**

After Hours Emergency Phone Number: \_\_\_\_\_

Service Scheduling \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Inspection Scheduling \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Deficiency Sales: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Billing Questions: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**IV. SERVICE CAPABILITIES**

Please indicate below, what fire protection services your company is capable of self-providing and licensed if required by state or local law.

(Please check all appropriate boxes)	Inspections		Repair	
	Yes	No	Yes	No
Fire Alarm & Detection (Conventional and Addressable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Hour Central Station Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Sprinkler (Wet, Dry, Pre-Action, Deluge, Antifreeze)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standpipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backflow Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Hoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean Agent Systems (FM-200, INERGEN, Sapphire, Halon, Etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Dioxide Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foam (AFFF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen Suppression Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hood Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (explain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list all manufacturers for which your company is an authorized distributor (i.e. Ansul, Notifier, Kidde)

\_\_\_\_\_

\_\_\_\_\_

Does your company currently use a Service Platform (AlertSoft, Service Trade, etc)? \_\_\_\_\_

If not, would your company be willing to explore using AlertSoft? \_\_\_\_\_

If you would, please provide your standard & OT hourly rates for the services you provide?

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