

Travelers Fire Protection Impairment Form

Step-by-step user guide

This document provides step-by-step instructions for how to report an impairment to a fire protection system at a facility.

Step 1: Navigation

Navigate to the Travelers Fire Protection Impairment Form [here](#), no login is required.

Step 2: Fill out form

NOTE: Information such as the Business Name, SAI, Job Number, Facility/Building Name and Address are all used to help us identify the specific property involved in this impairment. Please provide as much information as possible to help us locate your property policy details.

Business name:

Enter the name of your business at the location where the impairment is taking place. This does not need to be the exact Named Insured from your policy, but we will attempt to map this name to a specific account identifier (SAI), when one is not provided.

Business name*

Account identifier:

This is an optional field, but aides our team in determining location details and enables us to help track the impairment to the best of our abilities. Either the SAI or the Job Number is most often found on a Survey Confirmation Letter (SCL) from your last Risk Control survey.

Account identifier

Helps us find your information. SAI or Job Number (from your most recent Travelers Risk Assessment).

SAI

Job number

Contact information:

This should be filled out with contact information for whoever Travelers should first reach out to with questions about the impairment.

First name*
<input type="text"/>
Last name*
<input type="text"/>
Email address*
<input type="text"/>
Phone number*
<input type="text" value="e.g., 123-456-7890"/>

Authorized Impairment Manager:

This is the person who is empowered to manage the impairment, including tasks such as communicating with the local fire department, postponing activities in the affected area such as hot work and has the ability to shut down operations if needed.

Is the contact also the Authorized Impairment Manager?*
The designated individual responsible for overseeing, documenting, and managing interruptions to fire protection systems.
<input type="radio"/> Yes
<input checked="" type="radio"/> No
Authorized Impairment Manager first name*
<input type="text"/>
Authorized Impairment Manager last name*
<input type="text"/>
Authorized Impairment Manager email address*
<input type="text"/>

Additional email addresses:

This is an optional field that can be filled out with email addresses for those that would like to be copied on email correspondence related to the impairment status. This can include and is not limited to agents, underwriters, site management, or safety and risk managers.

Additional email address(es)

These individuals will also receive email reminders and confirmations. Separate multiple email addresses by a semicolon.

Facility/Building name:

This is an optional field that provides our team with a name for the facility when contacting you regarding this impairment.

Facility/Building name

Specific location identifiers so that we can discuss the facility in question if we need to contact you.

Facility address:

This will be information used for locating the specific building impacted by the impairment.

Country***Street address*****City*****State*****ZIP***

Start date of impairment:


Enter the date on which the impairment first became, or is planned to become, active — for example, when a sprinkler control valve was closed or when the impairment is scheduled to occur.

Start date of impairment* (MM/DD/YYYY)

MM / DD / YYYY **Type of impairment:**

Make a selection from the dropdown to help classify the impairment. Note that routine inspection/testing/maintenance activities do not need to be reported when expected to last less than 8 hours.

Type of impairment*

-- Select an option -- 

-- Select an option --

Fire Pump

Fire Sprinkler Valves/Alarms

Routine Inspection/Testing/Maintenance

Special Fire Protection System (i.e. Gaseous/Dry Chemical/etc.)

Water Supply Piping or Tanks

Other - Explain Below

Details:

Provide relevant details to describe the impairment, including the area(s) impacted by the impairment, what happened, why the impairment is taking place and information about what corrective action(s) is planned. If there are other relevant details not listed above, this is the field to use to explain the situation.

Details

Impairment description, area impacted, reason for impairment, etc.

Estimated restoration date:

This is a required field that sets a timeline for reminders and follow-up from Travelers. It is acceptable if it is a “best guess” and any nuances should be provided in the Details section above.

Estimated restoration date* (MM/DD/YYYY)

If a planned impairment is expected to last less than 8 hours, reporting the impairment is not required. Estimated Restoration Date for Routine Inspection/Testing/Maintenance will be the same day as the Start Date.

MM / DD / YYYY **Phone consultation required?:**

This should be answered Yes if there are specific technical questions about your impairment that Travelers would be best suited to answer, such as whether or not a specific temporary water supply could be appropriate for your building. Someone from Travelers Risk Control will reach out promptly to discuss your impairment.

Do you require a phone consultation with a Travelers Risk Control Representative?*

- No
- Yes

Precautions:

These are specific precautionary measures that should be taken during an impairment in the affected area(s). Check off those that are applicable at the time of the form entry and follow-up on items that have not yet been checked. Any details or exceptions can be explained in the Precautions Explanation field provided.

Precautions*

Here is a list of all measures which need to be taken. Please check off the measures completed to date.

- Fire extinguishers immediately available
- Fire hose connected to hydrant and in place
- Fire watch protocol in place
- Hot work prohibited or postponed
- Protection equipment tagged
- Public fire department notified
- Smoking prohibited

Step 3: Submit

Once completed, a message appears in your browser showing a successful form completion. Following that, Travelers reviews the information provided and will contact you with additional information such as instructions for how to update or close out the impairment.

Thank you for submitting your information through our Fire Protection Impairment Tool. We have successfully received your form.



Our team will review your submission and contact you to provide further assistance if needed. If you have any immediate questions or concerns, please feel free to contact our support team at [Contact Risk Control](#).