

Plumbing and HVAC Contractor Supplemental Questionnaire

Named Insured: _____

Describe insured's operations in detail: _____

Residential: _____% Commercial: _____% Industrial: _____%

New construction: _____% Remodeling: _____% Service or repair: _____%

List licenses held and jurisdiction: _____

List description of three largest jobs:	Location	Date	Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Operations:

Plumbing _____%	Heating _____%
Electrical _____%	Refrigeration _____%
Sheet Metal _____%	
A/C _____%	Please describe: _____
Other _____%	

Heating Work:

Hot water _____%	Oil _____%	Electric _____%
Hot air _____%	Natural gas _____%	*Coal _____%
Heat pump _____%	*LP Gas _____%	*Wood _____%
Steam vessel _____%		*Solar _____%

* Please describe: _____

General Information:

Number of employees: Part time _____ Full time _____ Payroll _____ Annual receipts _____

Do you sign a written contract with your customers?
Attach a sample copy. Yes No

Are subcontractors used? Yes No

Do you sign a contract with the subcontractors?
Attach a sample copy. Yes No

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Subcontracted duties performed (two most recent jobs)	Cost
_____	_____
_____	_____

How are subcontractors and their work supervised?

- Is the insured securing certificates of insurance for both GL and WC? Yes No
- Required limits of insurance from subcontractors? _____
- Is the insured named as an additional insured and held harmless on the subcontractor's GL policy? Yes No
- Does the insured work as subcontractor? Yes No
- Does the insured sign a written contract when working as a subcontractor?
Attach a copy. Yes No

Miscellaneous Information:

- Any municipal work? Yes No
 If yes, please describe: _____
- Any automatic sprinklers or extinguishing work? Yes No
 If yes, please describe: _____
- Any gas main or gas connection work? Yes No
 If yes, please describe: _____
- Any vent or duct cleaning services? Yes No
 If yes, please describe: _____
- Any specialty systems installed (ex: hospital, pollution, airport, power plant, etc.) Yes No
 If yes, please describe: _____
- Is a 24-hour emergency service provided? Yes No
 If yes, please describe: _____
- Any sale/installation or repair of high-pressure boilers (> 15 psi for steam or > than 30 psi for hot water)? Yes No
 If yes, please describe: _____
- Does the insured perform any asbestos or other hazardous materials abatement? Yes No
 If yes, please describe: _____
- Any rooftop installations or work in excess of two stories? Yes No
 If yes, please describe: _____

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Depth of trenching _____ ft.

Is trench protection used? Yes No

Attach a sample copy of the insured's standard written contract and a copy of the two most recent customer's written contracts if not included already.

Does the insured have an internet website?

Yes No

If yes, please provide address: _____

Insured's Signature _____ Date _____

Agent's Signature _____ Date _____