

Plumbing and/or HVAC Contractor Supplemental Questionnaire

Named Insured: _____

Describe insured's operations in detail: _____
 FEIN #: _____

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 _____%	Excavation _____%
A/C _____%	Septic Work _____%
Other _____%	Please describe _____

What is max depth of work below ground level: _____

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 _____

Are employees paid via W2 or 1099 ? _____

Do you sign a written contract with your customers? Yes No

Attach a sample copy.

Are **subcontractors** used? Yes No

Are subcontractors insured?

Do you sign a contract with the subcontractors? Yes No

Attach a sample copy.

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? _____

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Plumbing / HVAC Contractor Supplemental Application (continued)

- 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? Yes No
- Attach a copy.**

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
(greater than 15 psi for steam or greater 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: _____

Depth of trenching _____ ft. Is trench protection used? Yes No

Any snowplowing? Yes No
If yes, complete Snowplowing Questionnaire.

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 above.

Does the insured have an internet Website? Yes No
If yes please provide WWW. _____

Insured's Signature _____ Date _____

Agent's Signature _____ Date _____