



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	_____%		
Other	_____%	Please describe	_____

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? Yes _____ No _____

Attach a sample copy.

Are **subcontractors** used? Yes _____ No _____

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? _____



Plumbing &/or HVAC Contractor Supplemental Questionnaire

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.

Does the insured have a Website? Yes____ No____

If yes please provide WWW. _____

Insured's Signature _____ Date _____

Agent's Signature _____ Date _____