



PLUMBING AND/OR HVAC SUPPLEMENTAL QUESTIONNAIRE

Insured/Applicant

Policy/Quote Number

Insured's Website Address

Describe Applicant's operation in detail

Types of Jobs:

Residential Work	%	Commercial Work	%	Industrial Work	%	Municipal Work	%
New Construction	%	Remodeling	%	Service or Repair	%	Other*	%

*Describe "Other"

Licenses and Jurisdictions:

License	Jurisdiction

Description of three largest jobs:

Description of Job	Location	Date	Cost
			\$
			\$
			\$

Operations:

Plumbing	%	Electrical	%	Heating	%
Refrigeration	%	Sheet Metal	%	Air Conditioning	%
Other	%				

Describe "Other"

Heating Work:

Hot Water	%	Oil	%	Electric	%
Hot Air	%	Natural Gas	%	*Coal	%
Heat Pump	%	*LP Gas	%	*Wood	%
Steam Vessel	%	*Solar	%		

*Please Describe LP Gas/Coal/Wood/Solar:

GENERAL INFORMATION SECTION:

1. Number of Employees: Full time Part Time

2. Annual Payroll \$ Annual Receipts: \$

3. Does the applicant sign a written contract with its customers? (If yes, attach a sample copy) Yes No

4. Are subcontractors used? Yes No Cost \$



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5. Does the applicant sign a contract with the subcontractors? (Attach a sample copy) Yes No

6. Does the applicant work as a subcontractor? Yes No

7. Does the applicant sign a written contract when working as a subcontractor? (If yes, attach a copy) Yes No

Subcontractor duties performed (two most recent jobs)

Description	Cost
	\$
	\$

8. How are subcontractors and their work supervised?

9. Does applicant obtain Certificates of Insurance for: GL Yes No WC Yes No

10. Limits of GL insurance required from subcontractors: \$ Occurrence \$ Aggregate

11. Is the applicant named as an additional insured and held harmless on the subcontractor's GL policy? Yes No
Attach a copy.

ATTACH A COPY OF THE APPLICANT'S STANDARD WRITTEN CONTRACT

MISCELLANEOUS INFORMATION

1. Does the applicant perform any municipal work? Yes No
If yes, provide description.
2. Any automatic sprinklers or extinguishing work? Yes No
If yes, provide description.
3. Any gas main or gas connection work? Yes No
If yes, provide description.
4. Any vent or duct cleaning services? Yes No
If yes, provide description.
5. Any specialty systems installed (i.e. hospital, pollution, airport, power plant, etc)? Yes No
If yes, provide description.



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6. Does applicant provide a 24 hour emergency service Yes No
If yes, provide description.

7. Any sale/installation or repair of high-pressure boilers? Yes No
(Greater than 15 psi for steam or greater than 30 psi for hot water)
If yes, provide description

8. Does the applicant perform any asbestos or other hazardous materials abatement? Yes No
If yes, provide description.

9. Any rooftop installations or work in excess of two stories? Yes No
If yes, provide description.

10. Depth of Trenching feet. Is trench protection used? Yes No

11. Any snowplowing? Yes No

IF YES, COMPLETE SNOWPLOWING QUESTIONNAIRE MU 7996

Applicant's Signature _____ Date _____

Agent Signature _____ Date _____