



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:

- Number of Employees: Full time Part Time
- Annual Payroll \$ Annual Receipts: \$
- Does the applicant sign a written contract with its customers? (If yes, attach a sample copy) ☐ Yes ☐ No
- Are subcontractors used? ☐ Yes ☐ No Cost \$



PLUMBING AND/OR HVAC SUPPLEMENTAL QUESTIONNAIRE

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.



PLUMBING AND/OR HVAC SUPPLEMENTAL QUESTIONNAIRE

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 _____