



Contractors Supplemental Application – Plumbers

This application is intended for use with a completed Acord application and is not intended as a free-standing application. No proposals of insurance will be considered without a completed Acord application.

Applicant Name _____

Part 1: Construction Activity History:

1. Years in business under current name _____
2. What states are you licensed to do business in? _____
3. What cities or counties do you mainly work in? _____

4. What percentage of your work is

a) General Contractor	_____%
b) Sub-contractor	_____%
5. What percentage of your work is

a) Commercial	_____%
b) Residential	_____%
c) Industrial	_____%
d) Other (describe)	_____%
6. What percentage of your work is

a) New construction	_____%
b) Remodel/Repair	_____%
7. On a typical project, what percentage of your work is performed by

a) Your employees	_____%
b) Leased employees	_____%
c) Sub-contractors under your supervision	_____%

If you lease employees, is the payroll included in your application? Yes / No

Part 2: Types of Work Performed:

1. Does your work ever involve removal of lead pipe? Yes / No
If yes, describe: _____

2. Have you ever worked for a residential developer? Yes / No
If yes, describe: _____

3. Have you ever done work for a municipality or other government agency? Yes / No
If yes, describe: _____
4. Do you perform work over two stories above grade? Yes / No
If yes, describe. _____

5. Do you perform work below grade? Yes / No
 If yes, what percent? _____%
 Please describe: _____

6. Do you draw any blueprints or plans used in your construction work? Yes / No
 If yes, describe: _____

7. Have you ever installed PVC or other synthetic piping? Yes / No
 If yes, est receipts residential \$ _____
 Est receipts other \$ _____
8. Do you now or have you ever installed, repaired or replaced piping in chemical plants?
 Yes / No

Part 3: Subcontracted Work History

1. If you **NEVER** hire subcontractors check here and move on to part 4. _____
2. Do you always require your subcontractors to sign a hold-harmless or indemnification agreement in your favor? Yes / No
3. Do you utilize a standard contract with all of your subcontractors? Yes / No
4. a) Do you require your subcontractors to carry General (Public) Liability insurance? Yes / No
 b) Do you require that you are named as an *Additional Insured* on their policies? Yes / No
 c) What minimum limits of insurance do you require your subcontractors to carry? _____
 d) Do you require your subcontractors to carry Workers Compensation insurance? Yes / No
 e) Do you request certificates of insurance from your subcontractors to verify compliance with the above? Yes / No

Part 4: Historical Exposure Basis

1. Please complete the following chart as accurately as possible

<u>Policy Year</u>	<u>Gross Receipts</u>	<u>Gross Payroll</u>	<u>Subcontracted Costs</u>
Current term	_____	_____	_____
1 st Prior term	_____	_____	_____
2 nd Prior term	_____	_____	_____
3 rd Prior term	_____	_____	_____
4 th Prior term	_____	_____	_____
5 th Prior term	_____	_____	_____

2. Please describe the five largest projects undertaken by you in the last five years.

	<u>Description</u>	<u>Job Cost</u>	<u>Project Duration</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

- d. _____
- e. _____

3. Please describe the three largest projects planned for the upcoming year.

	<u>Description</u>	<u>est. Job Cost</u>	<u>est. Project Duration</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

Part 5: Supplemental Information

1. Are you involved in any other business besides plumbing? Yes / No
If yes, describe. _____

2. Do you now or have you ever carried either "Professional Liability" or "Errors and Omissions" insurance? Yes / No
If yes, provide the carrier, policy term and limits of liability and note any losses. ____

3. Have you now or ever been involved in or are aware of pending litigation concerning defective workmanship? Yes / No
If yes, describe. _____

4. Any additional Comments: _____

To the best of my knowledge the information included by me on this supplemental application is correct.

Applicant's Signature _____ Dated ____ / ____ / ____

Applicant's Name _____
(Please Print)

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