



PLUMBING CONTRACTOR SUPPLEMENTAL INFORMATION

INSURED NAME: _____ DATE: _____

AGENCY: _____ AGENT NAME: _____

1. About the insured's employees:

How many workers do they employ full-time?	How many workers do they employ part-time?	How many trainee/apprentice employees?	What are their ages?	What are their duties?	What are their experience levels?	What is their training?

2. Are all employees required to provide a signed US Department of Justice Form I-9 for verification of employment eligibility? Yes _____ No _____ If no, explain _____

3. What are the insured's hours of operation? _____

4. What is the layout of the insured's premises? _____

5. Percentage of Residential: _____% Commercial: _____% Industrial: _____%

6. What is the travel radius of the insured? _____ States work performed in: _____

7. How are employees supervised at jobsites? _____

8. What percentage of the insured's business is derived from:

sales? _____ %

installation? _____ %

service? _____ %

repair operations? _____ %

9. What percentage of work is performed in buildings under construction? _____ %

10. What precautions do employees take when working at heights? _____

11. How frequently are ladders or scaffolds inspected? _____

12. Does the insured own or rent a crane for installing equipment? _____ Yes _____ No



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13. Is the crane operator an employee of the insured or a contractor? _____

14. What is the training and experience of the crane operator? _____

15. What types of solvents and chemicals does the insured use? _____

Are any of these considered toxic? Yes _____ No _____

How are they stored? _____

16. How does the insured dispose of any hazardous wastes, such as cleaning solvents? _____

17. What type of welding does the insured do? _____

18. How are welding torches powered? _____

19. What types of power equipment do employees use? _____

20. Are employees given proper instructions on the use of power equipment? Yes _____ No _____

21. Are first-aid kits readily available? Yes _____ No _____