Plumbing Supplemental Questionnaire (To be submitted with an ACORD General Liability Application)

1.	Applicant:				
2.	Website Address:				
3.	Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member, or against any person, company, or entities on whose behalf your company has assumed liability? (For the purpose of this application only, a claim means a receipt of a demand for money, service, or arbitration)				
	If "yes", please explain:				
4.	Type(s) of plumbing work performed by applicant (0 Residential Commercial Industrial Commercial Other:	Municipalities (including Schools)			
5.	Length of time in business:Years	Months			
6.	Years of experience:Years	Months			
7.	Are you licensed?		☐ Yes ☐ No		
	Kind of license:				
	Year license issued:				
	License No.:				
8.	Number of:				
	a. Owners:	d. Part Time Employees:			
	b. Partners:	e. Leased Employees:	····		
	c. Full Time Employees:	f. Day Laborers:			
9.	State / Area of operations:	/			
	Radius of operations from main location:	Miles			
10.	Please advise if the following work is currently bein	ig done or was done in the past:			
	a. Repair or installation of Gas Lines:		☐ Yes ☐ No		
	b. Buildings over 3 stories:		☐ Yes ☐ No		
	c. Fire Suppression Systems/ Fire Sprinkler Syste	ems	☐ Yes ☐ No		
	d. Septic Tanks:		☐ Yes ☐ No		
	e. Does the applicant do any work repairing or ins	stalling gas lines?	☐ Yes ☐ No		

11. Type of Work Performed:			
Type of work	Interior or Exterior	New / Repai	ir / Remodel
Residential	%	% New	%
Commercial	% Exterior	% Repair	%
☐ Industrial	%	☐ Remod	el %
12. Any remodeling, retrofitting If "yes", please explain:	g, or refurbishing of Apartmen	•	·· — —
13. Account history for prior 3	years: Current Yr.	Last year	Year Before Last
Employee Payroll Total Receipts		· · · · · · · · · · · · · · · · · · ·	
Total Newslips Total Subcontracted Costs (Labor and Materials)	<u> </u>		
14. Any plumbers with less tha	Any plumbers with less than 3 years experience employed by you?		☐ Yes ☐ N
5. Are certificates of insurance obtained from subcontractors?			☐ Yes ☐ N
16. Are all subcontractors requ	cy? ☐ Yes ☐ N		
17. Are you named as an additional insured on the subcontractors' policies?			☐ Yes ☐ N
B. Do you normally use the same subcontractors?		☐ Yes ☐ N	
19. Do you use a written contr	act for all your subcontractors	that includes a hold harmles	s clause
in your favor?			☐ Yes ☐ N
20. Are all plumbing fittings or	0. Are all plumbing fittings or connections inspected for leaks prior to leaving the jobsite?		?
21. Does applicant remain at t	he jobsite after a torch was us	sed to solder or "sweat" pipes	, at least
½ hour after the torch work	k was completed to ensure the	ere is no smoldering or fire in	the area
where the work was done?	?		☐ Yes ☐ N
PRODUCEF	R'S SIGNATURE		DATE:
APPLICANT	'S SIGNATURE		DATE:
LICABLE IN THE STATE OF NEW YO			

ΑF

Ar fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.