

PLUMBING CONTRACTOR SUPPLEMENTAL INFORMATION

INSURED NAME: _____ DATE: _____

AGENCY: ______ AGENT NAME: _____

1. About the insured's employees:

workers do	How many workers do hey employ part-time?	How many trainee/ apprentice employees?	What are their ages?	What are their duties?	What are their experience levels?	Wha	tt is their training?
2. Are all employee eligibility? Yes _		•	-				
3. What are the insu	red's hours of	f operation?					
4. What is the layou	t of the insure	d's premises? _					
5. Percentage of Rea	sidential:	% Comn	nercial:	% Indu	ıstrial:	%	
6. What is the travel	l radius of the	insured?		States we	ork performed in	n:	
7. How are employe	ees supervised	at jobsites?					
8. What percentage	of the insured	's business is do	erived from:				
sales?	%						
installation	ı?	_ %					
service?	%						
repair oper	ations?	%					
9. What percentage	of work is per	formed in build	lings under	construction?	°%	2	
10. What precaution	ns do employe	es take when w	orking at he	ights?			
11. How frequently	are ladders or	scaffolds inspe	ected?				
12. Does the insured	d own or rent a	a crane for insta	alling equipr	nent?	Yes	No	
				1			continued on page 2



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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 in	sured use?
Are any of these considered toxic? Yes	No
How are they stored?	
16. How does the insured dispose of any hazardous v	vastes, 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 us	se?
20. Are employees given proper instructions on the u	ise of power equipment? Yes No
21. Are first-aid kits readily available? Yes	_ No
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