



PLUMBING, HEATING & AIR CONDITIONING, REFRIGERATION & BOILER INSTALLATION CONTRACTORS QUESTIONNAIRE

1. General Information

Name of Applicant: _____	
Website Address: _____	
Annual Receipts: _____	State(s) in which you do business _____
Years in Business: _____	Number of years you have been with the agent submitting account _____
Applicant Operates as Follows: (indicate %)	
_____ % General Contractor (if Sub cost is > 35% of receipts please complete the General Contractor Questionnaire CTR 921)	
_____ % Sub-contractor working for General Contractor or Prime Contractor	
_____ % Trade contractor working directly for Commercial or Residential customers	
100% Total	

2. Indicate the percentage of work performed. (Each column should total 100%)

New Construction _____ %	Commercial _____ %
Alterations / Remodeling _____ %	Residential _____ %
Service / Repair _____ %	Industrial _____ %
Maintenance _____ %	Institutional _____ %
Other (describe) _____ %	Other (describe) _____ %
Total 100%	Total 100%

3. Type of Work Subcontracted to Others

Check all that apply:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Drywall / Plastering | <input type="checkbox"/> Insulation | <input type="checkbox"/> Playground Equipment |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Electrical | <input type="checkbox"/> Landscape Construction | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Excavation | <input type="checkbox"/> Masonry | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Grading | <input type="checkbox"/> Paving | <input type="checkbox"/> Siding |
| <input type="checkbox"/> Doors / Windows | <input type="checkbox"/> Heating & Air Cond. | <input type="checkbox"/> Painting | <input type="checkbox"/> Water / Sewer |
| <input type="checkbox"/> Other (describe) _____ | | | |

4. Subcontracted Work & Contractual Risk Transfer

a. Do you subcontract work to others? If yes, complete Sections b. thru d. below	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. What is the annual amount of work subcontracted to others? \$ _____		
c. Do you require all sub-contractors to enter into a written contract? (If yes, attach a copy)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Always <input type="checkbox"/> Sometimes (describe) _____		
If you have a written subcontract agreement		
Do the contracts contain hold harmless and indemnification provisions in your favor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do the contracts require you to be added to the sub's policy as an additional insured:		
For Ongoing Operations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
For Completed Operations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do the contracts require the subs carry limits equal to or greater than \$1,000,000?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you require certificates of insurance from all your sub-contractors prior to their starting on a project?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you require the sub-contractor be in compliance with the insurance requirements of the contract before they are paid in full?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

d. Do you have formal recordkeeping procedures in place for maintenance of copies of contracts, certificates of insurance, additional insured endorsement and/or OCP policies for each project? If yes, how long are records maintained? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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5. Job List (Last 5 jobs - attach list or complete below):

Project	City, State	Nature of Work	Job Cost

6. Management Practices (please check all that apply)

a. Employee selection process: <input type="checkbox"/> Application <input type="checkbox"/> Reference Check <input type="checkbox"/> Pre-Placement Medical Exam <input type="checkbox"/> Other (describe) _____		
b. Do you have a formal drug-testing program? If yes, check all that apply <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Post accident <input type="checkbox"/> Probable Cause <input type="checkbox"/> CDL Drivers Only <input type="checkbox"/> Other (describe) _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Are safety meetings held on a quarterly basis; do managers and employees attend and are attendance records kept? If less than quarterly, how often? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Have you been cited for any OSHA violations in the past 3 years? If yes, describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

7. Liability Exposures

a. Do you employ an architect, engineer or surveyor who draws or stamps plans, designs or specifications? If yes, do you have professional liability coverage in place? Limit of Professional Coverage: \$ _____	<input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO
b. Do you or have you ever applied, installed or managed any jobs involving any synthetic stucco (EIFS) related product or material? If yes, describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Do you or have you ever performed any abatement or removal of (Check all that apply) <input type="checkbox"/> asbestos <input type="checkbox"/> lead <input type="checkbox"/> mold If yes, describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Do you perform any snow plowing/ snow removal / ice treatment services for others? If yes, complete Snow Removal Questionnaire CTR 936. Selective excludes snow and ice removal activities performed for others. If an insured desires coverage for these operations, they can complete CTR 936 and we will consider the buyback of this coverage on an individual risk basis. Our appetite is for the contractor whose snow and ice removal activities are incidental to their overall operations. (Does not apply to GA, NC, SC, & VA)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

e. Any current or past involvement with a wrap-up/OCIP/CCIP? If yes, describe below: ☐ YES ☐ NO

Wrap-Up Project

Project Description

Date

Work Performed by Applicant

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

f. Do you rent lease or loan equipment to others?

If yes, is the equipment rented to others with an operator?

Do you use a written contract or rental agreement?

Does it include a hold harmless agreement in your favor?

Does it require the renting party to provide physical damage coverage for the property being rented?

Describe the type of equipment rented to others: _____

☐ YES

☐ NO

☐ YES

☐ NO

☐ YES

☐ NO

☐ YES

☐ NO

☐ YES

☐ NO

8. Inland Marine Exposures

a. Is your equipment provided with theft-deterrent devices and/or registered with NER (National Equipment Registry)? If yes, describe: _____

☐ YES

☐ NO

b. How are your equipment and materials secured at jobsites? Describe: _____

c. Do you borrow, lease or rent equipment from others?

If yes, what type? Describe: _____

How much do you spend on equipment rental annually? _____

☐ YES

☐ NO

9. Auto Exposures

a. Account has the following controls in place (Please check all that apply)

☐ Fleet safety program

☐ Seat belt use policy

☐ Cell phone use policy

☐ Fleet maintenance program

☐ GPS Tracking/Monitoring

☐ MVR's ordered at point of hire

☐ MVR's ordered annually

☐ MVR Driver acceptability criteria in place (Describe) _____

☐ Vehicle personal use policy in place (Describe) _____

b. Do your employees use their own vehicles for company business?

If yes, what limit of insurance do you require they carry? _____

☐ YES

☐ NO

c. Do you haul material or equipment for others?

If yes, indicate annual receipts from hauling \$ _____

Describe type of material or equipment being hauled: _____

☐ YES

☐ NO

10. Work Comp

a. Health Insurance is provided for (Check all that apply): <input type="checkbox"/> All Employees <input type="checkbox"/> Full-Time Employees Only <input type="checkbox"/> Key Employees Only <input type="checkbox"/> Provided by Union		
b. What is the annual percentage of employee turnover? _____ %		
c. Do you have a written Safety Policy and Program in place? If yes, are the employees required to sign the Policy acknowledging they have read and understand it?	<input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO
d. Do you enforce the use of personal protective equipment (hard hats, safety glasses / goggles, hearing protection, steel-toed shoes, etc) as required by OSHA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. Are injured employees contacted immediately following medical treatment by a designated person? If yes, list the title of the designated person _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Are claims involving lost work time reviewed and pro-actively managed by a designated individual? If yes, list the title of the designated person _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. Do you have a return to work (RTW) program? If yes, describe: _____ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h. Have you or will you perform work under the US Longshoremen's and Harbor Workers Act, or any other Federal Act? If yes, describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

11. Plumbing, Heating & Air Conditioning, Refrigeration & Boiler Installation

(Answer only those sections that apply to your operation)

a. Breakdown of Operations: ____ % Plumbing Operations ____ % Heating & Air Conditioning ____ % Refrigeration ____ % Boiler Installation ____ % Specialty Systems ____ % Other(describe): _____ 100% = Total		b. Fuel Sources worked on: ____ % Oil ____ % Natural Gas ____ % LP Gas ____ % Electric ____ % Geothermal ____ % Coal ____ % Wood ____ % Pellet ____ % Solar ____ % Other (describe): _____ 100% = Total		c. Jobsite Exposures: ____ % Inside Building ____ % Outside Building ≤3 Stories ____ % Outside Building > 3 Stories ____ % Other (describe): _____ 100% = Total	
d. List all licenses held: License (Plumbing, Refrigeration)/State(s)Held 1) _____ 3) _____ 2) _____ 4) _____					
e. Do you use any temporary or day laborers?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Do you provide 24 hour emergency service?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. Do you have any sales of (check all that apply): <input type="checkbox"/> gas fireplaces <input type="checkbox"/> wood stoves <input type="checkbox"/> pellet stoves <input type="checkbox"/> coal stoves				<input type="checkbox"/> YES	<input type="checkbox"/> NO
h. Do you install radiant floor or driveway heating? If yes, describe: _____ _____				<input type="checkbox"/> YES	<input type="checkbox"/> NO
i. Do you work on any of the following: <input type="checkbox"/> tract housing <input type="checkbox"/> condominiums & townhouses				<input type="checkbox"/> YES	<input type="checkbox"/> NO

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<p>p. Heating & Air Conditioning- Breakdown of services offered</p> <p>Select all that apply:</p> <p>___ % Hot Water</p> <p>___ % Heat Pump</p> <p>___ % Steam</p> <p>___ % Geothermal heating & cooling systems</p> <p>Do you also do the drilling? (If yes, describe): _____</p> <p>___ % Ductwork Fabrication</p> <p>Enter the percentage of fabrication work in the following areas:</p> <p>___ % Architectural sheet metal ___ % Industrial sheet metal ___ % Kitchen equipment</p> <p>___ % Other steel products (If yes, describe): _____</p> <p>___ % Gas Fireplace/Pellet stove Installation</p> <p>___ % Duct Cleaning</p> <p>___ % Other (describe): _____</p> <p>100%= Total</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>q. Boiler Installations, Cleaning or Repair - Breakdown of services offered</p> <p>Select all that apply:</p> <p>___ % Low Pressure (steam ≤ 15psi, hot water ≤ 160 psi or 250°F)</p> <p>___ % High Pressure (steam > 15psi, hot water > 160 psi or 250°F)</p> <p>___ % Boiler Cleaning</p> <p>___ % Radiant Heat Boilers</p> <p>___ % Refractory Work</p> <p>___ % Other (describe): _____</p> <p>100% = Total</p>		
<p>r. Refrigeration Systems - Installations/Repair - Breakdown of services offered</p> <p>___ % Commercial Installations</p> <p> <input type="checkbox"/> Food Stores <input type="checkbox"/> Restaurants <input type="checkbox"/> Other (describe): _____</p> <p>___ % Manufacturing Plant Installations</p> <p> <input type="checkbox"/> Processing plants (e.g. ice cream) (describe): _____</p> <p> <input type="checkbox"/> Chemical plants (describe): _____</p> <p>___ % Warehouse Installations</p> <p>___ % Installations involving ammonia</p> <p> <input type="checkbox"/> Charges higher than 10,000 lbs. (describe): _____</p> <p>___ % Liquid chiller installation (brine or water) (describe): _____</p> <p>100% = Total</p> <p>Do you use an approved reclamation service for disposal of refrigerants? If yes, describe: _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>s. Specialty Systems - Breakdown of services offered</p> <p>___ % Industrial Furnaces</p> <p>___ % Air Quality Testing & Duct Cleaning</p> <p>___ % Dust Collection Systems (describe): _____</p> <p>___ % Gas main or gas line connection (describe): _____</p> <p>___ % Irrigation Systems (describe): _____</p> <p>100% = Total</p>		