

Yates Insurance Inc
 3294 Solomons Island Road
 Edgewater MD 21307

Plumbing/HVAC Questionnaire

Applicant Name:			
Contact Person & Phone #			
List any other named insureds including their specific operation and how combined with Applicant - Use Separate Page			
Years in Business		Provide All Contract License #'s and advise type of license:	
List all business names the applicant has used in the past:			
List any and all operations you have discontinued under this or any other named insured, including last date of operation:			
Advise of any other operations that are covered under another insurance policy for any of the named insureds:			
States in which you do business		Web site address:	
Do operations include any installation, service or repair of industrial process piping? Please provide details:	<input type="checkbox"/> yes <input type="checkbox"/> no		
Do operations include any installation, service or repair of fire suppression systems - including automatic sprinklers? Please provide details:	<input type="checkbox"/> yes <input type="checkbox"/> no		
Do operations include any installation, service or repair of pressurized piping, boiler work or steam systems >15 PSI? Please provide details:	<input type="checkbox"/> yes <input type="checkbox"/> no		
Do operations include any commercial refrigeration/freezer systems? Do any of these systems include exposure to ammonia? Please provide details:	<input type="checkbox"/> yes <input type="checkbox"/> no		
Any system design work included in your operations?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Do you hold a license for any engineering/design/architecture work?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Do you have any operations involving engineering or architectural liability exposure? If yes, do you purchase Professional Liability Ins?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Have you allowed your license to be used by another contractor for a project on which you have worked? Please provide details:	<input type="checkbox"/> yes <input type="checkbox"/> no		
Has any licensing authority taken any action against you? Please provide details:	<input type="checkbox"/> yes <input type="checkbox"/> no		
Do you have a full time safety officer?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Do you have a formal written safety program? Please provide a copy.	<input type="checkbox"/> yes <input type="checkbox"/> no		
Do you ever require USL&H Coverage for your employees? Need details:	<input type="checkbox"/> yes <input type="checkbox"/> no		
Do you have any exposure to owned or rental of Aircraft? Need details:	<input type="checkbox"/> yes <input type="checkbox"/> no		
Do you have any exposure to owned or rental of Watercraft? Need details:	<input type="checkbox"/> yes <input type="checkbox"/> no		
Do you have any jobs requiring Railroad Protective Liability? Need details	<input type="checkbox"/> yes <input type="checkbox"/> no		
Do any of your jobs involve a Wrap-Up Program? Need details:	<input type="checkbox"/> yes <input type="checkbox"/> no		

Do any of your jobs involve Construction Management? Need details:	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes to Construction Management, have you obtained a professional liability policy for this operation?	<input type="checkbox"/> yes <input type="checkbox"/> no
Please provide details on any operations from past 5 years that involved a Wrap-Up program. Include dates of completion and contract price of these jobs.	<input type="checkbox"/> yes <input type="checkbox"/> no

Provide details from above questions. Attach separate page if additional space is needed:

Payroll		Sub Costs		Gross Receipts	
Expected this year		Expected this year		Expected this year	
Prior Year		Prior Year		Prior year	
2nd Prior Year		2nd Prior Year		2nd Prior Year	

OPERATIONS					
RESIDENTIAL		COMMERCIAL		INDUSTRIAL	
New Construction		New Construction		New Construction	
Remodeling		Remodeling		Remodeling	
Other		Other		Other	
Municipal		Institutional		Other	
New Construction		New Construction		New Construction	
Remodeling		Remodeling		Remodeling	
Other		Other		Other	

OPERATIONS - PAST OR PRESENT FOR THE FOLLOWING -

Any outside work done at heights greater than 4 stories - please provide details including average stories and maximum stories:

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Please describe your crane exposure, including - use, height of boom, experience of operator, if ever rented to others (including or excluding operators), if rented from others (including or excluding operators):

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Provide details on any residential exposure that includes working on tract housing site development. Include details on an specific coverages required by the GC:

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Provide details on operations you generally subcontract to others:						
Are the following required by contract for your subcontractors prior to their work on a project?						
	Yes	No	Send Copy	Are you named as	Yes	No
Certificates of Ins			X	Additional Insured		
Signed Contracts			X	Per Job Aggregate		
Indemnity Agreement			X	Waiver of Subrogation - GL		
Hold Harmless			X	Waiver of Subrogation - WC		
Are sign-offs required by supervisors for all work done by subcontractors?						
Are subcontractors required to add you as an Additional Insured including Products/Completed Ops under their policy?						
Limits Required:		GL		WC		
		Auto		Umbrella		
Describe controls to keep information on certificates of insurance up to date:						
Are any subcontractors allowed to work on job site without proof of GL &/or WC insurance or any of the above requirements? If yes, please describe the circumstances:						
Provide details on your procedures in place for use of a qualified "locate service" i.e. Miss Utility (when contacted, records kept etc...)						
Provide details on yard and job site security of vehicles and equipment. Please include any additional security measures (i.e. GPS systems, battery removal etc...)						
Are there any gasoline or diesel storage tanks at your premises? If yes, please provide details including above or underground, collision protection, EPA approval, diking etc....						
Any of your vehicles used to transport water, gasoline, LPG or other fuel or hazardous materials? If yes, please include details.						

Do you have any exposure to hauling for others or do you rent your vehicles to any other operation (with or without operators). If yes, please provide details.

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Provide details on any other operations not indicated above (inc but not limited airport work, work on high security or high profile projects.)

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Please provide a list, job description and date of project completion for any project which involved a Wrap-Up program within the past 5 years. Include contract price of these projects. Attach separate page if additional space required.

1)		\$
2)		\$
3)		\$
4)		\$

List your 4 largest jobs from the past 5 years

Describe largest projects projected for the upcoming year:

1)		\$
2)		\$
3)		\$
4)		\$

Loss Information

Have there been any losses, claims or suits against you in the past 5 years? yes no

Provide details on any GL or WC losses incurred that are greater than \$50,000.

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Are there any claims or legal actions pending against any of the entities named on the application? yes no

Do any of the entities named in the application have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to future claim or legal action against any such entity? yes no

Have you been accused of faulty construction in the past 5 years? yes no

Have you been accused of breaching a contract in the past 5 years? yes no

Insured's Signature _____

Title: _____ Date: _____