Sheet Metal, Air Conditioning and Plumbing Contractors Program

Specialty Trade Contractors Program

Account Name	Producer Name	
Account Contact Name	Producer e-mail address	
Account web site address	Account e-mail address	Date Completed
Proposed Eff. Date		
Form of Business: ☐ Individual ☐ Partnership ☐ Joint Venture ☐ Corporation ☐ Subchapter "S" Corporation ☐ LLC ☐		Years in business: Date of license:

1. Please attach a list of the risk's jobs (job list) for the last two years as well as a list of the jobs committed to for the next 12 months.

2. Risk is operating as:

☐ General Contractor _____%	☐ Prime Contractor _____%	☐ Subcontractor _____%

ELIGIBILITY

3. Enter the percentage of operations from the following? %'s based on ☐ Sales ☐ Cost of Subcontractors

Residential/Habitational _____%	Commercial _ _____%	Industrial _____%	Intuitional _____%	Total _____%

4. Indicate percentage in the following?

New Construction _____%	Retrofit/Rehab _____%	Service _____%	Maintenance _____%	Other _____%

5. Indicate percentage of Process Piping work in the following scope of operations/specialty, if applicable. ☐ Subs ☐ Sales

Commercial Plumbing/Sewer _____%	General Industrial (printing, chilled water, compressed firewater) _____%	Gas/Electrical Utilities _____%
Wastewater Treatment _____%	Biotech _____%	Nuclear _____%
Glass Manufacturing _____%	Gas Stations _____%	Industrial Boiler Systems _____%
Food/Beverage Processing _____%	Pulp/Paper _____%	Aerospace _____%
Pharmaceutical _____%	Automotive Manufacturing _____%	Petroleum Systems _____%
Semiconductor Manufacturing _____%	Steel Mills _____%	Grease/Lubrication _____%
Hospitals and Medical Gas Systems _____%	Industrial Chemical/Gas Manufacturing _____%	Other _____%

Receipts history, please provide receipts figures for the past 3 years:

1. _____

2. _____

3. _____

Please provide estimated receipts for the next 12 months: _____

Payroll: Please provide payroll estimates for the next 12 months by ISO classification:

1. Sheet Metal code 98884/58922 _____
2. Air Conditioning code 91111 _____
3. Plumbing code 98483/98482 _____

3. Other code _____ _____

4. Contractors – Subcontracted work – code 91583/91585* _____
   *Cost of subcontractors includes BOTH labor & material

Indicate percentage of work in the following scope of operations/specialty, if applicable.

Ammonia refrigeration system	Solar Energy _____%

installation/maintenance/repair _____%	
High Pressure Boiler Inspection or Repair _____%	Piping Insulation _____%
Machinery/Equipment Installation or Repair (Millwright) _____%	Industrial Furnaces _____%
Fabrication or architectural sheet metal _____% Industrial sheet metal _____% Kitchen equipment _____% Other steel products _____%	Sheet Metal Installation _____%
Testing for indoor air quality (IAQ) or offering options for remedial actions for indoor air quality _____%	Fire Sprinkler/Suppression _____%
Liquefied Petroleum Gas (LPG) Systems Installation/Service/Repair _____%	Underground Utility _____%
*Install of combustible dust-collection systems in occupancies such as grain mill, wood processing plant, etc. or systems that collect asbestos _____%	*Asbestos abatement _____%
Design/Build Project Delivery _____%	

6. Other Operations?	☐ Yes ☐ No
If yes, please describe:	
7. Has the risk been cited for any OSHA violations? If yes, please explain further.	☐ Yes ☐ No
7a. Any policy coverage declined, cancelled or non-renewed during the prior 3 years?	☐ Yes ☐ No
7b. Has the applicant ever filed personal or corporate bankruptcy?	☐ Yes ☐ No
8. Does the insured communicate with the One-Call Service Center and the area utility owners that are not members of the One-Call Service Center prior to all scheduled excavation work?	☐ Yes ☐ No ☐ NA
9. Does the insured offer 24-hour emergency repair service?	☐ Yes ☐ No
9a. Any electrical disturbance testing services provided? If Yes, please explain with full details.	☐ Yes ☐ No
9b. Any inspection services provided for code compliance?	☐ Yes ☐ No
10. Indicate the average percentage of the risk's TOTAL payroll or sales during the past 5 years for the following: Percentage based on: (Check One)	☐ Payroll ☐ Subs

HABITATIONAL WORK
Please complete if the risk does any Habitational work.

Habitational Work Breakdown	% New or Major Rehab/Renovation	+	% Service or Maintenance	=	
☐ Condominium (High and Low Rise)	%	+	%		%
☐ Multi-Family Owned Developments (including townhouses)	%	+	%		%
☐ Tract Housing	%	+	%		%
☐ Triplexes and Duplexes	%	+	%		%
☐ Apartments	%	+	%		%
☐ Other _____	%	+	%		%

11. Does the risk have any future plans related to work involving new construction of condos, townhouses, tract homes?	☐ Yes ☐ No
If Yes, please describe.	
12. List the states the insured worked in the last 5 years.	
14. Has the risk ever been named in claims and/or litigation regarding faulty or defective construction or workmanship?	☐ Yes ☐ No
If Yes, was risk acting as a:	☐ General Contractor ☐ Sub-Contractor
What type of project?	☐ Habitational ☐ Commercial
Provide detail on claim/litigation and how the issue was corrected.	
15. Does risk have knowledge of any pre-existing act, omission, event; condition or damages to any person or property that may potentially give rise to any future claim or legal action?	☐ Yes ☐ No
If Yes, please describe.	
16. Any current or past involvement with wrap-up/OCIP?	☐ Yes ☐ No
Any residential wrap-ups?	☐ Yes ☐ No
17. Does the risk have a quality control program? **Attach a copy of Table of Contents**	☐ Yes ☐ No
If Yes, is it?	☐ Informational ☐ Documented
18. Does the risk retain job files?	☐ Yes ☐ No

If Yes, how long are they retained?

Any past, present or future work in NY city boroughs of Manhattan, Brooklyn, Bronx or Queens? ☐ Yes ☐ No

If Yes, please supply separate sheet detailing past 5 jobs & open bid work in the boroughs including location, description or work, duration of job, contract amount and number of stories for any exterior work.

Do you work as a real estate developer? ☐ Yes ☐ No

Any past, present or future work on landfill areas or in subsidence areas? ☐ Yes ☐ No

Any subsidence or sinkhole related losses in the last 5 years? ☐ Yes ☐ No

Any exterior work in excess of 4 stories? ☐ Yes ☐ No

If Yes, what is the percentage of work over 4 stories? _____

Any past, present or future work performed below grade? ☐ Yes ☐ No

If Yes, what maximum depth: _____

19. List the types of work subcontracted	

Does risk obtain certificate of insurance from all subcontractors?	☐ Yes ☐ No
Is there a Diary System in place to track expiration dates of certificates of insurance?	☐ Yes ☐ No
Is the risk named as an additional insured on all subcontractors' policies?	☐ Yes ☐ No
Does the risk require all subcontractors to carry primary limits equal to or greater than their own?	☐ Yes ☐ No
Does the risk use written subcontractor agreements with all subcontractors containing hold harmless/indemnify agreements in favor of the risk?	☐ Yes ☐ No
Are subs hired subject to a formal written pre-qualification process? **Attach a copy of the form**	☐ Yes ☐ No

Attach a copy of the subcontractor agreement the risk uses with all subcontractors.

22. Are safety meetings held on a quarterly basis; do managers, subcontractors and employees attend, and are attendance records kept? If less than quarterly, how often?	☐ Yes ☐ No
23. Does the risk have and architect or engineer on staff?	☐ Yes ☐ No
If Yes, does the risk carry professional liability insurance?	☐ Yes ☐ No

If No, does the risk require that the architect or engineer carry his/her own professional liability insurance?	☐ Yes ☐ No
24. Trade association affiliation? ☐ IEC ☐ NECA	☐ Yes ☐ None
25. Is Hired & Non-Owned Auto coverage desired? If Yes, how many drivers?	☐ Yes ☐ No

_____ _____

Producer's Signature Date

_____ _____ _____

Applicant's Signature Title Date

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall, dependent upon applicable statute, be grounds for imprisonment, fines or rescission of the insurance policy.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV
Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO
It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK
Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*.
*Applies in FL Only.

Applicable in KS
Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA
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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*.
*Applies in NY Only.

Applicable in ME, TN, VA and WA
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ
Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR
Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR
Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.