



# Plumbing Contractors Questionnaire

Name Insured: \_\_\_\_\_

Producer: \_\_\_\_\_

Please provide a complete description of risk's operations:

- 1 Has this risk been in business with Workers' Comp Insurance for 3 yrs or more?  YES  NO
- 2 Does risk hire "Day Laborers"?  YES  NO
- 3 Does risk install or repair roof-mounted solar water heating systems?  YES  NO
- 4 Does risk have a current and active contractor's license?  YES  NO
- 5 What % of this risk's work is Commercial \_\_\_\_\_% Residential \_\_\_\_\_%
- 6 What % of this risk's work is remodel/repair? \_\_\_\_\_% New \_\_\_\_\_%
- 7 Is risk a union contractor?  YES  NO
- 8 What is the average hourly wage for class 5183 (Plumbing NOC) \_\_\_\_\_
- 9 Does this risk perform Rotor Rooter operations?  YES  NO \_\_\_\_\_ Percentage %
- 10 Is more than 25% of their operations water heater installation or repair?  YES  NO
- 11 Does risk perform work to depths greater than 6 ft?  YES  NO  
a. If "Yes", estimate the % of this to total work performed. \_\_\_\_\_
- 12 Does risk perform work off the ground greater than one story?  YES  NO  
a. If "Yes", estimate the % of this to total work performed. \_\_\_\_\_
- 13 Has risk been cited for any OSHA violations in last 3 years?  YES  NO
- 14 Does risk have a New Hire Orientation Program with pre-hire physicals, drug screenings etc?  YES  NO
- 15 Does the risk provide adequate training in safety procedures for workers who work in confined spaces?  YES  NO

Please explain: \_\_\_\_\_

- 16 What PPE equipment is worn by workers? \_\_\_\_\_
- 17 Are safety meeting held on at least a quarterly basis; do managers and employees attend, and are attendance records kept?  YES  NO  
If less than quarterly, how often? \_\_\_\_\_
- 18 Does this risk have a formalized safety incentive program?  YES  NO  
If so give a description.

- 19 Is there a Safety Director on staff?  YES  NO
- 20 Is there a formal accident investigation program?  YES  NO
- 21 Does this risk have a formal Return To Work Program in place?  YES  NO
- 22 Does risk have Formal Drug Testing?  YES  NO
- 23 Are MVR's checked on risk drivers?  YES  NO
- 24 Are MVR's ordered on new employees before hire and then annually?  YES  NO
- 25 Health benefits?  YES  NO  
Employee Participation \_\_\_\_\_% Employer's Contribution \_\_\_\_\_%
- 26 Does risk hire subcontractors?  YES  NO If "Yes" what is the % \_\_\_\_\_%

List the types of work subcontracted

a. Does risk obtain Certificates of Insurance from all subs?

YES

NO

b. Does the risk use a diary system to track the expiration dates of COI's?

YES

NO

27 Any employees under 16 or over 60 yrs of age?

YES

NO

**(Please provide name, age and duties)**

28 Please provide 4 years of annual premium and payroll information below

Policy Term	Annual Premium	Annual Payroll
Expiring policy		
1st prior		
2nd prior		
3rd prior		

Signed \_\_\_\_\_

Dated \_\_\_\_\_