

**PLUMBING / HEATING / AIR CONDITIONING CONTRACTORS
SUPPLEMENTAL APPLICATION**

This Supplemental Application along with all other requested Donegal Insurance Group Applications and/or ACORD Applications constitute the Application for Insurance.

A. APPLICANT INFORMATION

Applicant Name¹: _____ Web Site Address: _____
 Quote/Policy Number: _____ Date Quote Needed: _____
 Agency Name and Number: _____ Effective Date: _____

¹ Whenever used in this Application, the term "Applicant" includes all firm names, trading names, 'Doing Business As' (DBA) names, and if incorporated, the Parent Corporation and all of its subsidiaries, unless stated to the contrary in the Remarks section of this Application.

B. GENERAL INFORMATION

1. Describe the operation by providing the percent of total operations resulting from each item listed under the five groups below.

- | | |
|-----------------------------------|---|
| a.) Residential: _____ % | b.) Sales (Retail/Wholesale): _____ % |
| Commercial: _____ % | Installation-New Construction: _____ % |
| Industrial: _____ % | Installation-Existing Building: _____ % |
| Institutional: _____ % | Repair/Service: _____ % |
| c.) Plumbing: _____ % | Sheet Metal: _____ % |
| A/C: _____ % | Electrical: _____ % |
| Refrigeration: _____ % | Heating: _____ % |
| Water Treatment: _____ % | Building Automation Systems: _____ % |
| Process Piping: _____ % | Other*: _____ % |
| Septic Tank Installation: _____ % | |
| Septic Tank Cleaning: _____ % | |
| d.) Hot Water: _____ % | Natural Gas: _____ % |
| Hot Air: _____ % | Electric: _____ % |
| Heat Pump: _____ % | Coal: _____ % |
| Steam: _____ % | Wood*: _____ % |
| Oil: _____ % | Solar: _____ % |
| LP Gas*: _____ % | |

* Describe: _____

- e.) Operating as a Prime Contractor: _____ %
 Operating as a Sub-Contractor: _____ %

2. Number of licensed master plumbers: _____
3. Any sales/installation/repair of high pressure or industrial boilers (boilers that operate greater than 15 psi for steam and 30 psi for hot water)? Yes No
4. Any gas, sewer or water main lateral connection work? Yes No
5. Any gas, sewer or water main work in streets? Yes No

Describe: _____

6. a. Is applicant required to provide the *Additional Insured-Completed Operations* endorsement for any tract homebuilder? Yes No
- b. Please list tract homebuilders that applicant performs work for: _____
-
7. Any automatic sprinkler or extinguishing system work? Yes No
8. Any duct and vent cleaning services provided? Yes No
9. Any specialty systems installed (i.e., hospital, pollution)? Yes No
10. Is 24 hour emergency service provided? Yes No
11. Do you provide or advertise services to reduce or mitigate radon levels?
If yes, are you state certified for radon mitigation? Yes No N/A
12. Will you work with ammonia gas? Yes No
If yes, in what capacity do you work with ammonia (explain in detail the type of work performed)?

-
- a. Number of employees who can do this type of work? _____
- b. Percentage of overall work that has exposure to ammonia? _____
- c. If yes above, please explain PPE requirements:
- i. Respirator program? _____
 - ii. Confined space program? _____
 - iii. Air monitoring equipment? _____
- d. Do you have an ammonia release plan? Yes No
13. Does the applicant work six feet or more above lower levels? Yes No
- a. Please check fall protection methods that are used:
- | | | |
|------------------------------|------------------------------|-----------------------------|
| Personal Fall Arrest Systems | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Safety Nets | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Guard Rails | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other: _____ | | |
- b. Is there a written fall protection program? Yes No
- c. Is there documented training for employees? Yes No
14. Does applicant subcontract out any work? Yes No
- If yes, indicate:
- a. Operations performed by subcontractor(s): _____
 - b. Total cost of subcontracted work past year: _____
 - c. Are certificates of insurance obtained from all subcontractors? Yes No
 - d. Do any subcontractors carry coverages or limits less than the applicant's? Yes No
15. Any excavation? Yes No
- If yes, complete the following:
- a. Is the appropriate Public Utility Inquiry Phone Number called prior to digging in order to locate underground utility lines? Yes No
 - b. Are records kept of the inquiry and visual evidence of the markings? Yes No
 - c. Are excavations marked and guarded at the end of each day? Yes No
 - d. Is there ever excavation or work done in trenches below four feet deep? Yes No
If yes, are OSHA guidelines followed for all excavations or trenches below four feet deep in which employees could potentially be exposed to cave-ins? Yes No
Please check trenching risk controls that are used:

Sloping or Benching	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shoring or Bracing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shield Placement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use of Competent Person	<input type="checkbox"/> Yes	<input type="checkbox"/> No
 - e. What is the maximum depth of excavation? _____ ft.

16. Check any loss prevention controls in place:

- Safety committee
- Posted physicians panels
- Light duty return to work program
- Written safety program
- "Tool Box" safety talks
- Other (Describe): _____

17. List largest jobs in progress.

	Customer Name	Location/Description	Cost
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

18. List largest jobs completed within the past year.

	Customer Name	Location/Description	Cost
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

REMARKS: