

**Arch Insurance - Construction Middle Market Division
Supplemental Questionnaire for Mechanical Contractor**

Date:

CONTACT INFORMATION

Named Insured:

Contact/Applicant Name:

Phone:

Website:

Email:

BUSINESS DETAILS

Year Business Established:

Please provide a Description of your Operation:

If the business ever operated under a different name, please list them

Average Number of Employees:

Please list States In Which You Operate:

Please list the States you have worked in within the last 10 years (not listed above):

Annual Sales Volume/Receipts:

Projected

2nd Prior Year

Expiring

3rd Prior Year

1st Prior Year

4th Prior Year

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Payroll History:

Projected	2nd Prior Year
Expiring	3rd Prior Year
1 st Prior Year	4 th Prior Year

Subcontractor Cost:

Projected	Expiring
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Please list the percentage of Total Receipts that you perform in each Market Segment:

Commercial	%	Industrial	%
Agricultural	%	Government	%
Residential:			
Single Family Home	%	Apartments	%
Condo	%	Nursing Home/Asst Living	%
Townhouse	%	Hotel/Motel	%
Timeshare	%	Dormitory	%
Other (describe):			%

Please list the percentage of Total Receipts that/if you perform in:

New Construction	%	Manufacturing (Sell to Third Party)	%
Reconstruction	%	Fabrication (Sell to Third Party)	%
Service/Maintenance	%		

Please list the percentage of Total Receipts that you operate as:

General Contractor	%	Subcontractor	%
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CONTRACTUAL RISK TRANSFER

Do you require a Subcontract Agreement be used for all subcontracted work?

If "No", please describe when a Subcontract Agreement would not be used for subcontracted work.

Do you collect Certificates Of Insurance from all Subcontractors?

How are they tracked for Expiration?

Do you require that all Subcontractors name you as "Additional Insured"?

How Do You Pre-Qualify Subcontractors?

Design Work:

Does the company do Design Work?

If "Yes", is a Professional Policy in place for the company?

If "Yes", what are the Policy Limits?

Pollution:

Is a Pollution Policy in place for the company?

If "Yes", what are the Policy Limits?

How Do You address QA/QC On Jobs?

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BASIC SAFETY PROGRAM COMPONENTS

Does the company have the following components? (Yes/No)

Full Time Safety Director:

Safety Director's Name

Written Safety Program:

New Hire Orientation:

Safety Training:

Drug Testing Program:

Pre-Hire?

Post-Accident?

Random?

Reasonable Susp?

Safety Task Analysis or Site Specific Plan:

Light Duty/Return to Work Program:

Crisis Management Plan:

BASIC FLEET PROGRAM COMPONENTS

Does the company have the following components? (Yes/No)

Written Fleet Program:

Including Vehicle Maintenance:

Crew or group transport:

Bus:

Van:

Motor Vehicle Report (MVR) run at hire?

Annually:

For cause/Post-Incident:

Motor Vehicle Report (MVR) Written Driver Criteria:

If "Yes", please describe:

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MECHANICAL, PLUMBING, HVAC, SHEET METAL CONTRACTOR

Self-Performed or Subcontracted (please list % for each column)

OPERATIONAL FOCUS	Self%	Sub%		Self%	Sub%
Ammonia Work			Machinery Moving		
Boiler			Mechanical		
Clean Room			Medical Gas		
Crane			Plumbing		
Demolition			Process Piping (High Pressure)		
Electrical			Process Piping (Low Pressure)		
Excavation			Refrigeration		
Fire Sprinkler			Rigging		
Gas Line			Rooftop Work		
HVAC			Sheet Metal		
Insulation			Shut Down Work		
			Water Pump / Testing Systems		
Other (describe operation/s)					

SPECIALTY WORK	Self%	Sub%		Self%	Sub%
Abatement			Refinery		
Helicopter Installation			Septic		
Design Work			Sewer Connections		
Nuclear			Waste Water Treatment Plant		
PetroChemical			Water Treatment Plant		
			Water Park Work		
Other (describe operation/s)					

SPECIFIC SAFETY PROGRAM COMPONENTS

Please list how long you retain Records?

10 Years

Statute of Repose

Other

Process Safety Management Program:

Crane Management:

Owned:

List operator qualifications:

Who performs Annual Inspections?

Who performs Qualified Rigger and Signal Person training?

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What Crane work will you perform for others?

Subcontracted:

How is the Contractual Risk Transfer managed?

What Umbrella Limits do you require?

What Operator Qualifications are required?

How do you know the Subcontractor completed the Annual Inspection?

Do you use their Riggers and Signal Persons or your own?

Please describe your efforts with Wildfire Management:

Please describe any Trade Associations or Groups that you participate (MCAA, State Chapter, ABC, etc.):

Signature: _____

Date:

Title: