

HARTFORD ADDITIONAL UNDERWRITING QUESTIONS FOR

Spectrum Class Code: 46361

Class Description: Plumbing – Residential w/Office Only

Please complete ALL 4 pages and submit with application.

1. Have you previously or will you in the next week submit the Auto line of business for this account to The Hartford?
 Yes No
2. Does the insured own or operate motor vehicles? Yes No
If the insured does not own or operate motor vehicles, please explain.
3. Does the insured annually review MVRs for employees hired as drivers or who regularly use vehicles within their normal job duties? Yes No
Indicate why insured does not annually review MVRs for employees. (select all that apply)
 Insured does not hire employees as drivers
 Employees do not normally use vehicles within their scope of employment
 Other
4. What is the maximum height in feet insured's employees work off ground/floor level? _____
Please describe the insured's operations at this height, and their safety program regarding these operations.
5. What equipment is used at this height? (select all that apply) Scaffolding/Staging Ladders Other
If ladders are selected, please describe the insured's operations at this height, and their safety program regarding these operations.

If scaffolding/staging is used, are guard rails used at each level? Yes No
If scaffolding/staging is used, describe the personal fall arrest system used by employees.

If scaffolding/staging is used, are tie-ins required? Yes No
If scaffolding/staging is used, at what intervals are tie-ins required? _____
6. Are all employees given appropriate training in how to act in the event of a robbery? Yes No
If the answer is no, please explain.
7. Indicate personal protective equipment employees use on the job: (select all that apply)
 Safety goggles, gloves, safety shoes used where applicable
 Other
 None of the above
If Other, describe the other personal protective equipment.
8. Please provide the approximate percentage of service, repair, construction, and/or installation performed by subcontractors. _____
If the insured uses subcontractors, are Workers' Compensation certificates of insurance obtained? Yes No
If the answer is no, please explain.
9. Please provide the approximate number of different subcontractors used annually. _____
10. If Extended Broad Form coverage is requested, are any employees involved in work on or near navigable waterways? Yes No
If the answer is yes, please describe operations on or near waterways.

Email to mstangelo@massagent.com or fax to (508) 634-2930
Michelle St. Angelo, CISR, WC Department, Number One Insurance Agency

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11. When the insured encounters hazardous materials at the jobsite (asbestos, lead, pollution, etc) they do the following: (check all that apply)
- Remove the hazardous materials from the jobsite
 - Require employees & subcontractors to use personal protective equipment when working with hazardous materials
 - Hire an adequately insured subcontractor to remove the hazardous materials from the jobsite
 - Discontinue work until the property owner or general contractor contracts for the removal of the hazardous materials
 - Other
 - None of the Above
- If other is selected, describe the other procedures.
12. Does the insured do any welding, cutting or brazing? Yes No
Indicate percentage of total operations from welding, cutting or brazing. _____
13. Does insured utilize power tools and/or equipment in the trade? Yes No
14. Does insured utilize engage proper guarding on power tools/equipment when used? Yes No
If no, explain.
15. Does the insured's operations include any underground work? Yes No
16. Does the insured call utilities prior to digging to locate underground utilities?
 Yes No Grading/Excavation is done by another contractor
If utilities are not called prior to digging to locate underground utilities, please explain why.
17. Are operations conducted in streets or roads, along railways or involving waterways? Yes No
If operations are conducted in streets or roads, along railways or involving waterways, please explain.
18. What is the maximum depth of operations? _____
19. Does the insured designate and use a trained person to determine the soil classification? Yes No
20. Does the insured have and use trench shields and other barriers to prevent collapse of the soil wall when required by OSHA? Yes No
If no, please explain.
21. Does the insured perform any blasting? Yes No
22. Are workstations ergonomically designed at all locations? Yes No
If work stations are not ergonomically designed at all locations, please explain.
23. Are all employees provided with training/education on ergonomic issues? Yes No
If all employees are not provided with training/education on ergonomic issues, please explain.
24. What lifting and material handling controls are used? (select all that apply)
- Support belts
 - Team lifting where needed
 - Mechanical devices (hand trucks, forklifts, hoists, etc.)
 - Lift gates on vehicles
 - Body Mechanics/Lifting Training
 - None- Majority of items < 40 lbs
 - Other
- If other was selected, please describe the lifting and material handling controls used.

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25. Insured's loss prevention controls include (select all that apply)

- Insured has a written safety program
- There is a preventive maintenance program in place for tools and equipment
- A formal lockout/tag out program is in place for machinery
- Machines and tools are properly guarded
- Management is focused on safety and takes an active role in ensuring standards are adhered to
- Insured has a documented vehicle preventive maintenance program
- Other
- None of the Above

26. Does the insured have more than 50% interest in any other business?

Yes No

If the insured does have more than 50% interest in another business, is the other business listed as a named insured in this submission?

If the other business is not listed as a named insured in this submission, is it insured elsewhere?

If the other business is not insured elsewhere, explain why the business is not insured.

If the other business is insured elsewhere, is there an interchange of labor?

If there is no interchange of labor, provide the insured's other policy number, carrier and effective dates.

If the other business is listed as a named insured in this submission, are the appropriate payrolls and classes included in the submission?

If the appropriate payrolls and classes are not included, please explain why the exposures for the other business are not included in this submission.

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27. How many years of management experience in the trade does the business owner have?
28. How was the business started?
- Purchased
 - Transfer of ownership
 - Inherited
 - New Start-up/New Venture
29. Please check all types of managerial experience in the trade in which the insured has engaged.
- Negotiating contracts with clients
 - Owned another business previously
 - Running Payroll
 - Bidding on jobs
 - Job site supervision
 - Other HR duties
 - Accounts Payable/Receivable
 - Supervising sub-contractors
 - Hiring Employees
30. Please comment on any other information regarding the insured's experience we should consider in our underwriting decisions.
31. Explain other loss preventive controls in place.