



**SHEET METAL, MECHANICAL,  
AIR CONDITIONING AND PLUMBING  
CONTRACTORS PROGRAM (SMAP)  
Supplemental Application**



<b>Account Name</b>		<b>Producer Name</b>
<b>Account Contact Name</b>		<b>Producer e-mail address</b>
<b>Account web site address</b>	<b>Account e-mail address</b>	<b>Date Completed</b>

Definitions of *italicized terms* are provided at the end of the supplement.

- 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.
- Risk is operating as:

<input type="checkbox"/> <i>Construction Manager</i> _____ %	<input type="checkbox"/> <i>General Contractor</i> _____ %	<input type="checkbox"/> <i>Prime Contractor</i> _____ %	<input type="checkbox"/> <i>Subcontractor</i> _____ %
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**ELIGIBILITY**

- Enter the percentage of work from the following? \_\_\_\_\_ %'s based on  Sales  Payroll

HVAC _____ %	Plumbing _____ %	Process Piping _____ %	Sheet Metal _____ %	Refrigeration _____ %
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If the total is **less than 70%** the risk is **ineligible** for the **SMAP** program.

- Indicate percentage in the following?

Residential/Habitational _____ %	Commercial _____ %	Industrial _____ %	Institutional _____ %	Other _____ %
New Construction _____ %	Retrofit/Rehab _____ %	Service _____ %	Maintenance _____ %	Other _____ %

- Enter the percentage of *process piping* work in the following industries:

Low Risk	Medium Risk	High Risk
Commercial plumbing/sewer _____ %	Food/beverage processing _____ %	Petrochemical/oil refineries _____ %
Wastewater treatment _____ %	Pharmaceutical _____ %	Automotive manufacturing _____ %
Prisons _____ %	Semiconductor manufacturing _____ %	Steel mills _____ %
Other (specify _____) _____ %	General industrial (printing, chilled water, compressed air, firewater) _____ %	Industrial chemical/gas manufacturing _____ %
	Other (specify _____) _____ %	Gas/electric utilities _____ %
		Hospital and medical gas systems _____ %
		Other (specify _____) _____ %
<b>Low Risk Total</b> _____ %	<b>Medium Risk Total</b> _____ %	<b>High Risk Total</b> _____ %

If High Risk Total is **more than 50%** and the **general liability premium is less than \$40,000** the risk is **ineligible** for the program.

6. Has the risk been cited for any OSHA violations in the last three years? **If yes**, please explain further.  Yes  No

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

Ammonia refrigeration system installation/maintenance/repair_____%	Roofing/Siding/Decking_____%
High Pressure Boiler Inspection/Maintenance/Repair_____%	Solar Energy_____%
Liquefied Petroleum Gas (LPG) Systems Installation/Service/Repair_____%	Piping Insulation_____%
Machinery/Equipment Installation or Repair (Millwright)_____%	Industrial Furnaces_____%
Fabrication of <i>architectural sheet metal</i> _____% <i>industrial sheet metal</i> _____% <i>kitchen equipment</i> _____% other steel products (specify _____) _____%	Sheet Metal Installation _____%
Design/Build Project Delivery_____%	Fire Sprinkler/Suppression_____%
<b>Testing for indoor air quality (IAQ) or offering opinions for remedial actions for indoor air quality</b> _____%	Underground Utility_____%
<b>*Install of combustible dust-collection systems in occupancies such as a grain mill, wood processing plant, etc. or systems that collect asbestos</b> _____%	<b>*Asbestos Abatement</b> _____%

**\*Ineligible operation, consult underwriting.**

8. Other operations?  Yes  No

If **Yes**, please describe.

9. Does the insured offer 24-hour emergency repair service?  Yes  No

10. Indicate the average percentage of the risk's TOTAL payroll or sales during the past 5 years for the following: Percentages based on: (Check one)  Payroll  Sales

**HABITATIONAL WORK**

Please complete if the risk does any habitational work.

HABITATIONAL WORK BREAKDOWN	% NEW or MAJOR REHAB/ RENOVATION	+	% SERVICE OR MAINTENANCE	=	
<input type="checkbox"/> CONDOMINIUMS (High And Low Rise)	_____ %	+	_____ %	=	_____ %
<input type="checkbox"/> TOWNHOUSES	_____ %	+	_____ %	=	_____ %
<input type="checkbox"/> TRACT HOUSING	_____ %	+	_____ %	=	_____ %
<input type="checkbox"/> TRIPLEXES AND DUPLEXES	_____ %	+	_____ %	=	_____ %
<input type="checkbox"/> SINGLE FAMILY	_____ %	+	_____ %	=	_____ %
<input type="checkbox"/> Other _____	_____ %	+	_____ %	=	_____ %

11. List the states the insured worked in during the last 5 years.

12. Does the risk have any future plans related to work involving apartments, condos, townhouses, tract homes, custom homes or homes of unusual design.  Yes  No

If **Yes**, please describe.

13. Has the risk ever installed or have any future plans involving the installation of *EIFS*?  Yes  No

14. Has the risk ever been named in claims and/or litigation regarding faulty or defective construction or workmanship, including claims due to *subsidence* issues or use of *EIFS*?  Yes  No

If **Yes**, was risk acting as a:  general contractor  sub-contractor

What type of project?  habitational  commercial

Provide detail on claims/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.

If the answers to questions **12, 13, 14 or 15** are **Yes**, please discuss the risk with your underwriter.

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?  Yes  No

If **Yes**, is it  Informal  Documented

18. Does the risk retain job files?  Yes  No

If **Yes**, how long are they retained?

19. Indicate the types of subcontractor agreements the risk typically signs.

Standard (AGC, AIA contracts)  Custom  Other \_\_\_\_\_

20. List the types of work subcontracted:

a. Does the risk obtain Certificates of Insurance from all subcontractors?  Yes  No

b. Is there a Diary System in place to track expiration dates of certificates of insurance?  Yes  No

c. Is the risk named as an additional insured on all subcontractors' policies?  Yes  No

d. Does the risk require all subcontractors to carry primary limits equal to or greater than their own?  Yes  No

e. Does the risk use written subcontractor agreements containing hold harmless/indemnity agreements in favor of the risk?  Yes  No

f. If subs are hired does legal counsel or the insurance agent review all contracts?  Yes  No

21. Does the insured have a New Hire Orientation Program with pre-physicals, drug screening, etc.?  Yes  No

22. Are safety meetings held on a quarterly basis?  Yes  No

Do managers and employees attend, and are attendance records kept?  Yes  No

If less than quarterly, how often?

23. Trade association affiliation?  ACCA  MCAA  SMACNA Other (list)  Yes  No

Answering this question is optional. Association membership is not a requirement for insurability.

24. Does the risk have an 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

**Please complete if umbrella is needed.**

**Personal Usage**

25. Does the insured allow anyone to take vehicles home?

Yes  No

If so, who and how many? \_\_\_\_\_

26. Do they have written guidelines on personal use of company vehicles?

Yes  No

27. Do they allow family members to drive the company cars?

Yes  No

28. Do they report personal usage as additional income?

Yes  No

**HISTORICAL EXPOSURE**

	<b>Expiring Year Term: _____</b>	<b>1<sup>st</sup> Prior Year Term: _____</b>	<b>2<sup>nd</sup> Prior Year Term: _____</b>	<b>3<sup>rd</sup> Prior Year Term: _____</b>	<b>4<sup>th</sup> Prior Year Term: _____</b>
<b>Premium</b>					
<b>General Liability Payroll</b>					
<b>Receipts</b>					

**DEFINITIONS**

**Architectural Sheet Metal** is specifically fabricated for use in specialty applications such as new or restorative cooper roofs, dome covers, cornices, facades, skylights, moldings, finials, inlaid gutters and similar applications.

**Construction Manager** – Construction management takes two forms - "pure agency" construction management and "at risk" construction management. "A pure agency construction manager" is an agent of the owner, neither designing nor constructing the project. Instead, the manager administers the construction contract throughout the planning, design and construction phases of the project. An "at risk construction manage" provides construction advice and construction leadership on a project during the planning and design stages and also provides construction leadership, contract management, direction, supervision, coordination and control of the work during the construction phase.

**EIFS** - Exterior Insulation Finishing Systems - multi-layered exterior wall systems (which resemble stucco in appearance) that are used on both commercial buildings and residential homes.

**General Contractor** is a contractor who subcontracts work to others in excess of 50% of their total receipts, exercises primary control of the job site, and is named in the construction documents as the general contractor of record.

**Habitational work:** Condominiums, triplexes, duplexes and townhouses.

**High Pressure Boiler**

- Any steam vessel with pressure over 15 pounds per square inch (p.s.i.);
- Any water vessel with pressure over 30 p.s.i. used for heating a building;
- Any other water vessel with pressure over 15 p.s.i.

**Industrial Sheet Metal** is used in the fabrication of tanks, tubs, stacks, ductwork, machine guard panels or other non-operative components. This also includes dust collection and air handling conveyance systems.

**Kitchen Equipment** is fabricated from stainless steel and other metals for specialty applications in hospitals and kitchens for counters, ice dispensing bins, benches, lift carts, tables and similar items.

**Prime Contractor:** Any contractor on a project having a contract directly with the owner. The principal contractor on a project.

**Process Piping** as defined in this program refers to any commercial/industrial piping work that is installed to custom design specifications. It can consist of various piping materials such as standard carbon steel, stainless steel and specialty plastic polymers. These systems may carry a variety of substances, including hot and cold water, steam, air, chemicals and gas. Refer to Question 4. for a listing of the most common industries for process piping work.

**Residential work:** A subset of habitational work defined as new or major rehabilitation, tract housing developments, condominiums, town homes, triplexes or duplexes.

**Solar Energy Contractor** is a contractor that specializes in the installation, service, repair and sale of heating systems that derive their energy directly or indirectly from the sun. The Workers Compensation class code is "Roofing" (code 5551) because most activities are conducted on the roof when installing Solar Energy systems.

**Subsidence:** Any movement of land or earth including: landslides; mudflow; earth sinking, rising, and shifting; collapse or movement of fill, earth settling, slipping, falling away, caving in, eroding or tilting; and earthquake.

**Wrap-up (OCIP):** A policy providing coverage(s) for all interests in a major construction project. Also known as an OCIP (Owner Controlled Insurance Program or a CCIP (Contractor Controlled Insurance Program).

**Will you commit to participation in the Claim Documentation Program, which will be included in your costs?**

\_\_\_\_\_\*

(\*Required to participate)

Information provided by the named insured to the Claim Documentation Program will be kept in strict confidence and can only be released to the insurance carrier's claims adjuster related to a specific claim reported by the above noted named insured. This information will not be released without the express written consent of the named insured or the insured's agent, unless ordered to do so by court processes. In the event any records are subpoenaed the insured will be notified immediately.

## WORKERS COMPENSATION

(IF YOU WANT A WORKERS COMPENSATION QUOTE PLEASE COMPLETE THIS SECTION)

### RISK MANAGEMENT

#### Hiring Practices:

29. Do you have check references for new hires?  Yes  No
30. Do you conduct pre-employment drug testing?  Yes  No
31. Do you conduct pre-employment physicals?  Yes  No
32. Do you conduct pre or post employment road tests for drivers?  Yes  No

#### Pre-Lost Procedures:

33. Do you have a Safety Director?  Yes  No
34. Do you have a Formal Safety Program?  
If yes, how does Management support it? \_\_\_\_\_  Yes  No
35. Do you have Safety Training?  Yes  No

If yes, what is the frequency of the training? _____	
Is attendance mandatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No

36. Do you have tailgate safety meetings?  Yes  No

#### Post-Lost Procedures:

37. Do you have a Return-to-Work Program?  
If yes it is written and formal? \_\_\_\_\_  Yes  No

### MANAGEMENT

38. What is your employee turnover ratio?  Yes  No

#### Employee Stability:

39. What is the average tenure of your employees? Full time \_\_\_\_\_ Part time \_\_\_\_\_
40. Do you use temporary employees?  Yes  No
41. Do you promote temporary employees to permanent?  Yes  No
42. What is your employee turnover ratio? \_\_\_\_\_

#### Employee Relations:

43. Do you provide employee benefits? Yes No
44. Do you subsidize the cost of benefits? Yes No
45. How does your pay scale compare with the industry in your locale? \_\_\_\_\_

**HISTORICAL EXPOSURE**

	<b>Expiring Year</b>	<b>1<sup>st</sup> Prior Year</b>	<b>2<sup>nd</sup> Prior Year</b>	<b>3<sup>rd</sup> Prior Year</b>	<b>4<sup>th</sup> Prior Year</b>
<b>Premium:</b>					
<b>Workers Comp Payroll</b>					
<b>Experience Modifier</b>					
<b>Currently Valued Losses</b>					

**Please attach the current experience modification worksheet.**

Information provided by the named insured to the Claim Documentation Program will be kept in strict confidence and can only be released to the insurance carrier's claims adjuster related to a specific claim reported by the above noted named insured. This information will not be released without the express written consent of the named insured or the insured's agent, unless ordered to do so by court processes. In the event any records are subpoenaed the insured will be notified immediately.

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**Producer's Signature** **Date**

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**Applicant's Signature** **Date**