

## HARTFORD ADDITIONAL UNDERWRITING QUESTIONS FOR

**MA WC Bureau Class Code: 5183 / Spectrum Class Code: 46361**  
**Class Description: Plumbing – Residential w/Office Only**

**Please complete ALL 3 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.

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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  
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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24. 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

25. 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.