JENCAP®

SPARC Electrical / HVAC Contractors Program Questionnaire

Name of Applicant_____ ZIP Code _____ State _____

Website_____ Previous Policy (for renewals)_____

Number of years in business_____

What states is the insured operating in?_____ Work done in NY Boroughs? Yes ☐ No ☐

1. Fill out the following table with projected estimates for the next 12 months:

Projected Estimates	Gross Revenue	Field Payroll (no executive payroll)	Cost of Subs
Next 12 Months			

*Payroll estimates excluding supervisors/executives

Historical Exposures	Gross Revenue	Payroll (no executive payroll)	Cost of Subs
Last Year			
2nd Prior Year			
3rd Prior Year			

2. Is there any work performed on alarm systems? Yes ☐ No ☐

If yes, what percentage of electrical work is related to alarm systems?_____

3. Fill out the following tables according to percentage of total Electrical/HVAC work performed:

(a)

Residential	%
Commercial	%
Industrial	%
Governmental	%
Total	100%

(b)

Interior	%
Exterior	%
Total	100%

(c)

New	%
Repair/Remodel	%
Total	100%

4. Is there any work done on sites of new residential construction (including condo conversions)? Yes ☐ No ☐

If Yes, mark all of the following on which any work may be done, any products used, or any related operations performed. *(The following sections could affect coverage. Answer accurately and to the best of your knowledge.)*

- ☐ New Condominiums
- ☐ Condo Conversions
- ☐ New Apartments
- ☐ New Multiplexes
- ☐ New Townhouses
- ☐ Other New Multi-Family Dwellings
- ☐ Tract Housing
- ☐ Custom, Single-Family Housing

5. Does the insured perform any residential or commercial plumbing work? Yes ☐ No ☐

If Yes, what is the percentage of plumbing work?_____

6. Is the majority of the applicant's work on HVAC equipment? Yes ☐ No ☐

7. Is any work done other than electrical or HVAC work? Yes ☐ No ☐

If Yes, describe other operations._____

Gross Revenue	Field Payroll	Cost of Subs

8. Is any casual or temporary labor used which was not included in the previous payroll amounts? Yes ☐ No ☐

9. Does the insured sign a written contract with its customers? (If Yes, attach a sample copy) Yes ☐ No ☐

10. Are subcontractors used? Yes ☐ No ☐ If Yes, list the cost: $_____

11. Does the insured sign a contract with its subcontractors? (If Yes, attach a sample copy) Yes ☐ No ☐

12. Subcontractor duties performed for the insured (two most recent jobs)

Description	Cost
	$
	$

13. How are subcontractors and their work supervised? _____

14. Does the insured obtain from the subcontractors Certificates of Insurance for:

GL: Yes ☐ No ☐ **WC:** Yes ☐ No ☐

15. Limits of GL insurance required from subcontractors: $_____ Occurrence_____ $_____ Aggregate_____

16. Is the insured named as an additional insured and held harmless on the subcontractor's GL policy? Yes ☐ No ☐

17. Does the insured work as a subcontractor? Yes ☐ No ☐

18. Does the insured sign a written contract when working as a subcontractor? (If Yes, attach a copy) Yes ☐ No ☐

19. Has the applicant filed personal or corporate bankruptcy within the past 7 years? Yes ☐ No ☐

MISCELLANEOUS INFORMATION SECTION

1. Any municipal work? Yes ☐ No ☐

If Yes, please describe: _____

2. Any direct wiring, repair, or installation of industrial equipment? Yes ☐ No ☐

If Yes, please describe: _____

3. Any specialty wiring (explosion proof, dust, wet, wet location, etc.)? Yes ☐ No ☐

If Yes, please describe: _____

4. Any generator installation or repair? Yes ☐ No ☐

If Yes, please describe: _____

5. Any fire or burglar alarm installation, service, or repair? Yes ☐ No ☐

If Yes, please describe: _____

What is the percentage of total revenue for alarm installation, service, or repair? _____%

6. Any light traffic or parking lot installation, service, or repair? Yes ☐ No ☐

If Yes, please describe: _____

7. Any work in excess of two stories? Yes ☐ No ☐

If Yes, please describe: _____

8. Does the insured repair electrical or gas household on a regular basis? Yes ☐ No ☐

If Yes: What is the percentage of total receipts for repair of electrical appliances? _____%

What is the percentage of total receipts for repair of gas appliances? _____%

9. Does the insured own any mobile equipment? Yes ☐ No ☐

☐ Cherry Picker ☐ Backhoe ☐ Trench Digger

☐ Motorized Lift ☐ Excavator ☐ Other (describe)

10. Does the insured perform any snowplowing? Yes ☐ No ☐

11. Do any operations involve demolition by use of wrecking balls or explosives/blasting? Yes ☐ No ☐

12. Do any operations consist of equipment rental to other contractors? Yes ☐ No ☐

13. Do any operations include scaffold construction or maintenance? Yes ☐ No ☐

14. Do any operations require self performed operation of boom cranes, spider cranes, or tower cranes? Yes ☐ No ☐

15. Any OSHA violations in the past 5 years? Yes ☐ No ☐

If Yes, please explain: _____

16. Do you retain Safety Documents for each job? Yes ☐ No ☐
(HASP, OSHA, Safety Manual, JHA, Tool Box Talks)

INSURANCE & LOSS HISTORY

Insurance Carrier	Effective Date	Expiration Date	Premium	Number of Claims	Total Amount Paid & Reserved

Attach loss runs for the last 5 years

a. Give full details for all claims paid or outstanding: _____

_____

_____

b. Do you know of any facts, past incidents, circumstances, or situations which could give rise to a claim under the insurance coverage sought in this application? Yes ☐ No ☐

If Yes, provide details: _____

_____

_____

c. Has any prior insurance been canceled or refused? Yes ☐ No ☐

If Yes, provide details: _____

_____

_____

This supplement is part of the Application and will be relied upon by the Company as an integral part of the Application.

_____ _____

Applicant's Signature **Date**