

HVAC Supplemental

NATIONAL FIRE & MARINE INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY OF THE SOUTH

Name of Applicant _____ ZIP Code (of premises) _____ State _____
 Website _____ Previous Policy (for renewals) _____

1. Fill out the following table according to the percentage of total work performed.

Powered Furnaces or Air Conditioners	%
Fireplaces	%
Heating Stoves (Wood or Pellet)	%
Duct Cleaning	%
Other	%
Total	100 %

If other, describe: _____

2. Fill out the following tables according to the percentage of total HVAC work performed.

(a)		(b)		(c)	
Residential	%	Interior	%	New	%
Commercial	%	Exterior	%	Repair/Remodel	%
Industrial	%	Total	100 %	Total	100 %
Total	100 %				

3. Is 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 selections could affect coverage.¹ Answer accurately and to the best of your knowledge.)

- | | |
|--|---|
| <input type="checkbox"/> New Condominiums | <input type="checkbox"/> New Townhomes |
| <input type="checkbox"/> Condo Conversions | <input type="checkbox"/> Other New Multi-Family Dwellings |
| <input type="checkbox"/> New Apartments | <input type="checkbox"/> Tract Housing |
| <input type="checkbox"/> New Multiplexes | <input type="checkbox"/> Custom, Single-Family Housing |

4. Fill out the following table regarding workers performing HVAC work.

	Number	Payroll
Active Owners*		
Non-Owner Employees**		

* Include only owners and executives performing or supervising HVAC work
 ** Exclude owners and executives; include supervisory employees

5. Is any casual or temporary labor used which was not included in the previous payroll amount? Yes No
 If yes, what is the payroll of casual or temporary labor? _____

6. Are subcontractors used? Yes No
 If yes, what are the total subcontractor costs including materials? _____

7. Is any work done other than HVAC work? Yes No
 If yes, describe other operations. _____

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

Applicant's Signature _____ Date _____

¹ For details, please request form M-5683 Exclusion - Residential Construction with Exceptions for Single Houses or Repair or Remodeling.