

# Plumbing 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. Does the applicant work on fire suppression systems such as installing or servicing fire sprinklers?  Yes  No  
 If yes, please request and fill out the supplemental application for Fire Suppression.

2. Does the applicant do any work repairing or installing gas lines?  Yes  No

3. Fill out the following tables according to percentage of total plumbing 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.<sup>1</sup> 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 plumbing work.

	Number	Payroll
Active Owners*		
Non-Owner Employees**		

\* Include only owners and executives performing or supervising plumbing work

\*\* Exclude owners and executives; include supervisory employees

5. Is any casual or temporary labor used which was not included in the previous payroll amounts?  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 plumbing?  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 \_\_\_\_\_

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