

## ArtisanPAK HVAC Qualifier - General Liability (GL)

**Please complete the Applicant Information. Based on past, present and future operations, please also complete the appropriate trade sections.**

### HVAC

**Please provide specific details on all “Yes” responses as indicated or in “Comments” below.**

- Any commercial work over 3 stories? Yes  No
- Any installation of roof flashings other than for HVAC? Yes  No
- Any work on automobiles or trucks? Yes  No
- Any new installation, service or repair of refrigeration systems with regards to large or industrial applications which include food processing, food or beverage cold storage plants, or distribution & warehousing facilities? Yes  No
- Any solar heating work? If Yes, please complete “Solar Energy” section. Yes  No
- Any sheet metal work? Yes  No
- If Yes, how much is the sheet metal work of total gross receipts? \_\_\_\_\_ %
- If Yes, please complete the following for all sheet metal work performed:

**Type of Sheet Metal Work Performed**

**Please check:**

**Please check & indicate %:**

- |   |                                      |   |
|---|--------------------------------------|---|
| Gutters & Downspouts – Fabrication Only | <input type="checkbox"/> For Insured | <input type="checkbox"/> For Others; % of Gross Receipts: _____ |
| Gutters & Downspouts - Installation     | <input type="checkbox"/> For Insured | <input type="checkbox"/> For Others; % of Gross Receipts: _____ |
| Duct Work                               | <input type="checkbox"/> For Insured | <input type="checkbox"/> For Others; % of Gross Receipts: _____ |
| Flashing – Non-HVAC Related             | <input type="checkbox"/> For Insured | <input type="checkbox"/> For Others; % of Gross Receipts: _____ |
| Ornamental or Job Shop                  | <input type="checkbox"/> For Insured | <input type="checkbox"/> For Others; % of Gross Receipts: _____ |
| Other (Describe) _____                  | <input type="checkbox"/> For Insured | <input type="checkbox"/> For Others; % of Gross Receipts: _____ |
| Other (Describe) _____                  | <input type="checkbox"/> For Insured | <input type="checkbox"/> For Others; % of Gross Receipts: _____ |
| Other (Describe) _____                  | <input type="checkbox"/> For Insured | <input type="checkbox"/> For Others; % of Gross Receipts: _____ |

- Any work performed by cranes or lifts? If Yes, please answer the following: Yes  No
- How much of all crane work does insured subcontract out? \_\_\_\_\_ %
- If insured performs any crane work, please provide detailed description of crane(s) (including length of boom, gross vehicle weight, make, and model) or provide pictures of each crane owned by insured. \_\_\_\_\_
- If a lift is used, what is the maximum height? \_\_\_\_\_ Feet
- If insured does any crane work, please detail operator qualifications in “Comments” below.

Comments:

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