



**NIF Insurance Services of California
Artisan Pak – HVAC Qualifier
General Liability (“GL”)**

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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:

