

PLUMBING QUOTE PREP CHECKLIST

Plumbing Contractor Insurance Checklist

Your mix of service, new construction and gas or sewer work drives plumbing pricing. Page 1 is what to gather. Page 2 is your vehicle and driver schedule. **Missing a few items? Call anyway.**

1 Business Basics

- ☐ Legal business name and entity type (LLC, corporation, sole proprietor)
- ☐ Physical and mailing addresses, including shop
- ☐ FEIN and plumbing license number
- ☐ Years in business and owners' plumbing experience

2 Sales, Payroll & People

- ☐ **Gross annual sales:** $_____
- ☐ **Gross annual payroll:** $_____
  Field $_____ Office $_____
- ☐ Number of full-time and part-time employees
- ☐ Amount paid to subcontractors, plus their certificates

3 Type of Plumbing Work & Percent of Sales

*Check every type of work you do and estimate its share of sales. **Include occasional work.***

☐ Residential service & repair	_____ %	☐ Drain cleaning & sewer jetting	_____ %
☐ Residential new construction	_____ %	☐ Sewer line & excavation work	_____ %
☐ Commercial service & repair	_____ %	☐ Gas line installation & repair	_____ %
☐ Commercial new construction	_____ %	☐ Water heaters, boilers or other	_____ %

4 Equipment & History

- ☐ Equipment list with values: jetters, sewer cameras, trenchers, mini excavators
- ☐ Total value of tools and parts stocked on trucks
- ☐ Current policy declarations pages
- ☐ 5 years of loss runs (claims history)

5 Quick Questions

	YES	NO
Install or repair gas lines?	☐	☐
Dig or trench for sewer or water lines?	☐	☐
Work on buildings over three stories?	☐	☐
Work on boilers or fire sprinklers?	☐	☐
Water damage claims in the last 5 years?	☐	☐
Use subcontractors?	☐	☐

Nerd tip: Water damage from completed work is the most common big plumbing claim. Some policies limit or exclude it, so make sure your quote covers water damage from your finished work.

Ready for a quote? Let's talk.

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PLUMBING CONTRACTOR INSURANCE CHECKLIST

Vehicle & Driver Schedule

List every vehicle and everyone who drives for your business. Need more room? Copy this page or send a spreadsheet.

6 Vehicles

#	Year	Make	Model	VIN	Titled to	Value
1						$
2						$
3						$
4						$
5						$
6						$

7 Drivers

#	Driver name	Date of birth	License number	State	Yrs driving	Tickets / accidents (3 yrs)
1						
2						
3						
4						
5						
6						

8 Also Send With Your Request

- ☐ Insurance section of a recent contract
- ☐ Certificates from your subcontractors
- ☐ Trailer list (year, make, VIN, value)

Call the Office Nearest You

Springfield, MO (417) 773-7822

Oak Grove, MO (816) 690-2640

Bentonville, AR (479) 350-6862

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