

EXCAVATION SUPPLEMENTAL APPLICATION

Please note a complete application for insurance consists of:

- ☐ Currently valued insurance company issued loss runs for current year and the six prior years for coverages being requested
- ☐ A list of all proposed Named Insureds and a detailed description of their operations
- ☐ Current experience modification rating worksheets on Workers' Compensation submissions
- ☐ Current work on hand schedule
- ☐ Contact name, telephone number and email address for Contractor's loss control and claims representatives
- ☐ Most recent audited financial statements
- ☐ ACORD applications completed for all coverages being requested
- ☐ Complete drivers schedules including name, date of birth, state of licensure

Name of Insured:		Date Completed:	
Address:			
City:	State:	Zip Code:	
Website Address:		Phone Number:	
Lines of Business:	WC GL Auto IM Prop XS	Effective Date:	
Is the Insured currently insured through the submitting Agency?		If YES, for what lines of business?	
Yes No		WC GL Auto IM Prop XS	

Agency:	Producer Name:
Address:	
City:	State: Zip Code:
Phone:	Email:

ANNUAL PROJECTIONS				
Revenue	Subcontracted Costs	Payroll	Power Units	Insured Values
\$	\$	\$	\$	\$

OPERATIONS

1. Enter the percentage of the Insured's own payroll and/or sales that emanate from the following operations. Exclude work that the Insured subcontracts when determining eligibility percentages.

Percentages based on: (check one) Payroll or Sales

- Grading of Land _____ %
- Irrigation or Drainage System Construction _____ %
- Excavation _____ %
- Driveway, Parking Lot or Sidewalk Paving or Repaving _____ %

TOTAL: _____ %

2. Does the Insured get involved in any of the following operations?

- Blasting for others Yes No
- Crane rental to others Yes No
- Dam construction, including cofferdams and caisson build ing Yes No
- Environmental remediation Yes No

Producer Initials: _____

Date: _____

- Flood control prevention Yes No
- Garbage or refuse dumps Yes No
- Hauling underground storage tanks or contaminated soil or cutting/breakdown of the tanks Yes No
- Landfill operations, construction or closure operations - past, present or future Yes No
- Levee or breakwater construction Yes No
- Local trucking for hire (other than sand/gravel hauling <25% of total shipments) Yes No
- On-site waste treatment Yes No
- Operations conducted in an oil or natural gas producing field Yes No
- Pile driving for structure foundation Yes No
- Railroad construction Yes No
- Subway construction Yes No
- Septic system installation, service or repair in excess of 10% of total operations/revenue Yes No
- Telephone, telegraph or cable line construction involving overhead work or work at heights Yes ☐ No
- Tree work at-heights: tree or shrub removal, cutting, pruning or trimming Yes No
- Tunneling where employees are working under air pressure (pneumatic) Yes No
- Underground storage tank removal >5% of total revenue or >12 tanks per year Yes No
- Underpinning buildings Yes No
- Waste or waste water treatment plant construction, including piping work Yes No
- Work from barges or any other type of flotation vessel Yes No
- Airport work Yes No
- Blasting for their own jobs Yes No
- Equipment rental with operator Yes No
- Equipment rental without operator Yes No
- Nighttime operations Yes No
- Sand/gravel hauling for others Yes No
- Snow plowing operations Yes No
- Tunneling operations involving man entry into the tunnel or encasement Yes No
- Work over waterways Yes No
- Wrecking/demolition work Yes No

3. Insured is operating as:

Construction Manager _____%
 General Contractor _____%
 Prime Contractor _____%
 Subcontractor _____%

4. In the table below, indicate the percentage of the Insured's total payroll or sales during the past 3 years that emanate from the following types of work. **Include all work, whether self-performed or sublet to other contractors. Sublet work should be classified according to the type of project (commercial, industrial or residential/habitational.)**

Percentages based on: (check one)	Payroll or	Sales	
	2 nd Prior Year	1 st Prior Year	Current Year
COMMERCIAL WORK	_____%	_____%	_____%
INDUSTRIAL WORK	_____%	_____%	_____%
RESIDENTIAL & HABITATIONAL WORK	_____%	_____%	_____%

Producer Initials: _____

Date: _____

5. In the table below, provide a breakdown of the Insured's residential & habitational work. The percentages for each type of work should represent an average of all such work the Insured has performed in the past three years. **Include all such work, whether self-performed or sublet to other contractors.**

RESIDENTIAL & HABITATIONAL WORK BREAKDOWN	% NEW or MAJOR REHAB/ RENOVATION		%SERVICE OR MAINTENANCE		TOTAL%
CONDOMINIUMS (low and high-rise)	_____ %	+	_____ %	=	_____ %
APARTMENTS	_____ %	+	_____ %	=	_____ %
MULTI-FAMILY OWNED DEVELOPMENTS (including townhouses)	_____ %	+	_____ %	=	_____ %
SINGLE FAMILY DWELLINGS	_____ %	+	_____ %	=	_____ %
RETIREMENT HOMES, RETIREMENT APTS, RETIREMENT CONDOS, NURSING HOMES, AND ASSISTED LIVING FACILITIES.	_____ %	+	_____ %	=	_____ %
SWIMMING POOLS (residential and habitational only)	_____ %	+	_____ %	=	_____ %
MILITARY HOUSING	_____ %	+	_____ %	=	_____ %
DORMITORIES	_____ %	+	_____ %	=	_____ %
MIXED-USE BUILDINGS WITH AT LEAST 30% RESIDENTIAL /HABITATIONAL OCCUPANCY	_____ %	+	_____ %	=	_____ %
OTHER RESIDENTIAL/HABITATIONAL STRUCTURES (describe):	_____ %	+	_____ %	=	_____ %

6. Does the Insured have any future plans related to work involving any of the structure types shown above? If **Yes**, please describe the Insured's future plans below:
- _____
7. Does the Insured own **or** operate a quarry, sand pit or gravel pit? Yes No
8. Does the Insured perform **any** work at or near nuclear facilities? Has the Insured done so in the past? Will the Insured do so in the future, if the opportunity arises? Explain any 'Yes' responses below.
- _____
9. Has the Insured ever been named in claims and/or litigation regarding faulty or defective construction or workmanship, including claims due to *subsidence* issues? Yes No
- If **Yes**, was Insured acting as a general or sub-contractor? Yes No
 - If **Yes**, was it a residential/habitational or *mixed-use* building? Yes No
 - If **Yes**, provide description of work and status/outcome of the claim or suit below:
- _____
10. Does Insured have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action? If **Yes**, please describe. Yes No
- _____

Producer Initials: _____
Date: _____

11. Enter the percentage of the Insured's own payroll or sales that emanate from projected new **residential/habitational** work from the following operations. Percentages based on: (check one) Payroll or Sales

Development site preparation (rough grading)	_____ %	Home site pad preparation (rough grading)	_____ %
Soil compaction (including work for final grading)	_____ %	Soil stabilization (including work for final grading)	_____ %
Foundation design	_____ %	Foundation excavation (including work for final grading)	_____ %
Foundation form construction	_____ %	Concrete pouring for foundations	_____ %

12. Enter the percentage of the Insured's own payroll and/or sales that emanate from projected new **commercial and industrial** work from the following operations. Percentages based on: (check one) Payroll or Sales

Site preparation including (rough and finish grading)	_____ %	Soil compaction	_____ %
Soil stabilization	_____ %	Foundation design	_____ %
Foundation excavation	_____ %	Foundation form construction	_____ %
Concrete pouring for foundations	_____ %	Foundation pier hole drilling	_____ %

13. Do any of the Insured's operations involve construction, repair, rehab/renovation, piping or service work at waste water treatment plants? Yes No

If 'yes', what percentage of payroll does the Insured estimate will involve this work during the next twelve months? _____ %

14. Does the Insured anticipate bidding on **waste water treatment plant** projects located in Arkansas, Indiana, Louisiana, or Vermont during the next twelve months? Yes No

15. List the states the Insured has worked in during the past 5 years:

16. Has the Insured been cited for any OSHA violations in the last three years? Yes No

If **Yes**, explain below:

17. Any current or past involvement with a commercial or industrial *wrap-up (OCIP or CCIP)*? Yes No

Any current or past involvement with a residential or habitational *wrap-up (OCIP or CCIP)*? Yes No

18. Does the Insured have a quality control program? Yes No

If **Yes**, is it (check one) : Informal Documented

19. Does the Insured retain job files? If **Yes**, how long are they retained? _____ Yes No

20. Does the Insured hire subcontractors? If **Yes**, list the types of work subcontracted below: Yes No

- Percentage of total work sub-contracted to others: _____ %
- Does the applicant obtain certificates of insurance from all sub-contractors?

Yes No
- Is there a Diary System in place to track expiration dates of certificates of insurance?

Yes No

Producer Initials: _____

Date: _____

- Is the applicant named as additional insured on all sub-contractors' policies?
Yes No
- Does the applicant require all sub-contractors to carry limits (including Excess limits) equal to or greater than their own?
Yes No
- Does the applicant use written sub-contractor agreements containing hold harmless/indemnity agreements in favor of the applicant?
Yes No
- Does the applicant verify that all sub-contractors follow all industry requirements and applicable state and local codes?
Yes No
- Indicate the types of sub-contractor agreements the applicant typically uses:
Standard (AGC, AIA contracts)
Custom
Other (explain) _____
- Have agreements been reviewed by contract specialty attorney?
Yes No

Producer Initials: _____
Date: _____

APPLICANT HISTORICAL RESULTS

GENERAL LIABILITY

YEAR	#CLAIMS	PAID LOSSES	RESERVE	TOTAL INCURRED	CARRIER	DATE VALUED	ACTUAL/ESTIMATED ANNUAL PREMIUM	ANNUAL REVENUE

AUTOMOBILE

YEAR	#CLAIMS	PAID LOSSES	RESERVE	TOTAL INCURRED	CARRIER	DATE VALUED	ACTUAL/ESTIMATED ANNUAL PREMIUM	NUMBER OF MIXERS

WORKERS COMPENSATION

YEAR	#CLAIMS	PAID LOSSES	RESERVE	TOTAL INCURRED	CARRIER	DATE VALUED	ACTUAL/ESTIMATED ANNUAL PREMIUM	ANNUAL PAYROLL

PROPERTY/INLAND MARINE

YEAR	#CLAIMS	PAID LOSSES	RESERVE	TOTAL INCURRED	CARRIER	DATE VALUED	ACTUAL/ESTIMATED ANNUAL PREMIUM	TOTAL VALUES

Note: Provide large loss details for any claims over \$50,000 in table on next page

Producer Initials: _____
Date: _____

LARGE LOSS DESCRIPTION

TYPE OF LOSS	DATE OF LOSS	CLAIMANT	DESCRIPTION

Producer Initials: _____
Date: _____

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Agent represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

Agency Name: _____ Title: _____

Producer Signature _____ Date: _____

Agent further acknowledges that the answers provided herein are based on a reasonable Inquiry and/or investigation.

Producer Initials: _____

Date: _____