



SITE PREP SUPPLEMENTAL APPLICATION

GENERAL INFORMATION: All questions need to be answered.

Applicant Business Name/DBA:

Applicant Name:

Business Phone Number:

Website Address:

Mailing Address (**P O Boxes Not Acceptable**):

Location Address (if different from above):

Inspection Contact (Name, Phone, Email):

Effective Date:

FEIN:

Date Business Started:

Years of Experience:

Has applicant changed names in the last 5 years?

Yes No

Does the applicant own/operate or manage other entities?

Yes No

If yes, provide details:

Description of Operations (be specific): do not use generic terms

List all states the applicant operates in:

PROGRAM ELIGIBILITY

1. Does the risk communicate with the Utility Marking Service and utilize the utility marking service prior to all scheduled underground work?

Yes No

2. Is this a one-person operation with no employees?

Yes No

3. Has the risk been cited for any OSHA violations in the last three years?

Yes No

If yes, please explain:

4. Indicate the type of work performed by the Insured:

Commercial % Residential % Industrial % Other %

Please list any "Other" types of work:

5. Does the risk self-perform a minimum of 60% of their own operations?

Yes No

6. Does the risk hire subcontractors?

Yes No

If Yes:

a. Indicate Percentage of work subcontracted: %

b. Total annual subcontracting costs? \$

c. Describe type of work subcontracted:

d. Does applicant obtain certificates of insurance from all subcontractors?

Yes No

e. Does applicant require all subcontractors to carry primary liability insurance limits equal to or greater than their own?

Yes No

f. Is the applicant named as an additional insured on all subcontractors' policies?

Yes No

g. Does the applicant use written subcontractor agreements containing hold harmless/indemnity agreements in favor of the risk?

(Copy must be submitted to bind)

Yes No

h. Indicate type of subcontractor agreements the risk typically signs:

Standard (AIA contracts) Custom

i. How long does the applicant keep copies of the COIs?

7. Does the applicant ever take over the subcontracting work of an uncompleted project from another subcontractor at any phase of construction? Yes No

8. Within the last 10 years, has this insured ever been involved as a CONTRACTOR in the vertical construction of commercial buildings, residential homes, condominiums, apartments, or townhouses? Yes No

If yes, please describe:

9. Any current or past involvement with wrap-up/OCIP? Yes No

10. Does the insured have a risk transfer program? Yes No

11. Maximum depth? ft.

12. Any work from heights above two stories or 20 ft in height? Yes No

13. Does insured perform any utility hookup or connections to building or meter? Yes No

14. Does insured perform any work around power lines? Yes No

If yes, explain:

15. Is the route of excavation white lined before the utility locator arrives on site? Yes No

16. Does the risk do hand digging within 18 inches to 24 inches (depending on state regulations) from the center of the utility line? Yes No

17. Does the risk require new marked lines by third-party utility service company for excavators incurring extended time requirements (10 days or more) and/or following inclement weather? Yes No

18. Are photographs or videos taken before and after the excavation? Yes No

19. Does the risk get involved in any of the following operations?
a) Airport or runway work Yes No

b) Asbestos, lead, mold, radon, under/ground storage tank or hazardous abatement or remediation work Yes No

- c) Blasting/Explosive operations Yes No
- d) Bridge work and overpasses, including structural repair Yes No
- e) Concrete mix in transit Yes No
- f) Crane, rigging, conveyor operations Yes No
- g) Equipment for rental to others - with or without operators Yes No
- h) Dam or reservoir construction or cofferdams and caisson operations Yes No
- i) Demolition work, **other than** soft demo inside of buildings Yes No
- j) Dredging operations Yes No
- k) Earth retaining wall operations, **other than** no-load bearing landscape walls that are a maximum 4 feet in height Yes No
- l) Flood control prevention works Yes No
- m) Landfill or refuse operations (dump operations) Yes No
- n) Levee or breakwater construction Yes No
- o) Hauling / Local trucking for hire Yes No
- p) On-site treatment of contaminated soils Yes No
- q) Petrochemical, oil/gas, or oil field operation Yes No
- r) Pile driving of any kind / Underpinning Yes No
- s) Powerline construction / work Yes No
- t) Work on or proximity to railroads, subway or street railway Yes No
- u) Snow/Ice removal operations Yes No
- v) Telephone, telegraph, or cable line construction involving overhead exposure Yes No
- w) Tunneling work of any kind / Shoring Yes No
- x) Fireproofing/sprinkler/waterproofing Yes No
- y) Work on or near bodies of water Yes No
- z) Any operations alongside public roadways, expressways or interstates Yes No
- 20. Any sand gravel operations where aggregate is sold directly to the public or delivered? Yes No

21. Enter the risk's own payroll that emanates from the following operations:

Exposure	Payroll Amount	% Direct	% Sub	Exposure	Payroll Amount	% Direct	% Sub
Land Grading	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	Sand and Gravel	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
Excavation	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	Trucking	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
Commercial Foundation Construction Operations	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	Drilling Other Than Water	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
Concrete Pouring for Any Use	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	Masonry	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
Concrete Pumping	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	Concrete Construction	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
Paving or Repaving – driveway, parking lots	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	Tree Trimming/Pruning	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
Street and Road	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	Fumigating/Spraying	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
Demolition	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	Pipeline Construction	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
Construction Debris Removal	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	Landscape Gardening	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
Conduit	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	Irrigation or Drainage	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
Directional Drilling/Boring	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	Septic Tank Systems	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
Sewer Pipelines Construction	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	Paving or repaving - street or roadways	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
Gas Mains	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	Residential Concrete Foundation Operations	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
Water Mains	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	Other:	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>

22. Has the risk ever been named in claims and/or litigation regarding faulty or defective construction (construction defect claims) or workmanship, including claims due to subsidence issues or use of EIFS?

Yes No

If yes, please provide details on claims/litigation and how the issue was corrected:

23. Does risk 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?

Yes No

If yes, please describe:

24. Percentage of work in NYC 5 boroughs? %

25. Has the insured been involved in any action over or labor law claims? Yes No

HISTORICAL EXPOSURE – GENERAL LIABILITY

	Expiring Year	1st Prior Year	2nd Prior Year	3rd Prior Year	4th Prior Year
GL Premium	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
GL Total Payroll	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Annual Receipts	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

High Priority / Critical Jobs

The risk needs to ask the utility owner if this job is considered a high priority or critical job. Some job examples would be high pressure water or gas pipe, power transmission lines. In addition to the requirements noted above, does the risk:

- Schedule a pre-excavation meeting on the job site with the facility owner and prime contractor? Yes No
- Utilize pot holing, air knives, or vacuum excavation techniques to verify utility locates? Yes No

Risk Management

- Do you conduct pre-employment drug testing? Yes No
- Do you have documented safety programs? Yes No
- Do you have tailgate/toolbox safety meetings? Yes No
- Are employees allowed to drive company vehicles for personal use? Yes No

If yes, explain:

5. Do family members have use of company vehicles? Yes No

If yes, when?

- Are there written procedures for use of company vehicles? Yes No
- Do you carry professional liability coverage? Yes No
- Do you carry Workers' Compensation Coverage? Yes No



Applicant representation:

The undersigned represents that the statements and information provided in this supplemental application are true and complete to the best of their knowledge. Signing this application does not bind coverage. Coverage may be bound only by the insurer in accordance with its underwriting guidelines and policy terms.

Applicant print name:

Applicant title:

Applicant signature: **Date:**

Applicant email:

Producer print name:

Producer signature: **Date:**

Producer phone: **Producer email:**

PLEASE INCLUDE THE FOLLOWING ITEMS ALONG WITH THIS SUPPLEMENTAL APPLICATION:

- Completed & signed Acord 125-126 applications for lines of business to be quoted. Include class codes & exposures (payroll/sub cost/area/etc.)
- 5 years of currently valued, hard copy GL loss runs. Loss runs should be valued within 90 days. Attach a brief description of all claims over \$10,000.
- Current financials will be required for all accounts that generate over \$250,000 in annual premium, or with \$50,000 SIR or higher.
- Subcontractor agreements
- WIP / 5 last completed jobs with description of work performed.