

Applicant Information

Applicant Name _____		
Mailing Address _____		
City _____	State _____	Zip Code _____
Location Address _____		
City _____	State _____	Zip Code _____
Applicant's Website _____		
Applicant's contact name _____		
Phone number _____	Email _____	
Years in business under current name _____	Years of experience in this field _____	
Proposed Effective Date: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant.		

General Information

1. Description of operations: _____		
2. How long has applicant been in the business? _____		
3. How long has applicant been in business under this name? _____		
	Yes	No
4. Any change in the named insured in the last year? If yes, what was the previous name?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does applicant have other business ventures for which coverage is not requested? If yes, explain and advise where insured:	<input type="checkbox"/>	<input type="checkbox"/>
6. Number of years' experience in this field _____		
7. Is applicant licensed where required by law? If yes, provide license number _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Number of active owners/officers/partners _____	Number of employees _____	
9. Estimated annual: Sales/receipts \$ _____ Payroll (excl. owner) \$ _____ Sub costs (incl. cost of materials) \$ _____		

Risk Transfer

	Yes	No
10. Does applicant currently carry Workers Compensation coverage?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does applicant lease employees from others?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does applicant sign a written contract with customers?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does applicant subcontract work?	<input type="checkbox"/>	<input type="checkbox"/>

Risk Transfer Continued

	Yes	No
14. Does applicant use a standard contract with all subcontractors who perform work/services on the applicant's behalf?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are certificates of insurance obtained from subcontractors prior to commencing work?	<input type="checkbox"/>	<input type="checkbox"/>
a. Indemnification and hold harmless agreements that protect the insured?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is applicant named additional insured on subcontractors' policies for both ongoing and completed operations?	<input type="checkbox"/>	<input type="checkbox"/>
c. What limits of liability are required? _____		
d. Are limits equal to or greater than those carried by the applicant?	<input type="checkbox"/>	<input type="checkbox"/>

Operations

16. List percentage of each operation and whether performed by applicant and/or subcontractors for each of the following:

Type of Work	Percentage	Applicant	Subs
Agricultural site grading	%		
Dam or reservoir construction	%		
Demolition work (other than soft demo inside building)	%		
Dredging operations	%		
Explosives/flammables	%		
Grading for public roads, streets or highways	%		
Horizontal directional drilling (HDD)	%		
Industrial site grading	%		
Landfills	%		
Mining	%		
Pipelines	%		
Railroads, subways or street railway construction	%		
River channeling or re-channeling	%		
Sewer and/or water main construction	%		
Shoring, caisson or cofferdam work	%		
Site preparation – residential	%		
Snow/ice removal	%		
Soil stabilization	%		
Street, highway and/or road construction or reconstruction	%		
Swimming pool excavation	%		
Tunneling	%		
Underground storage tank installation or removal	%		
Underpinning	%		

	Yes	No
17. Is site preparation performed by applicant for single-family homes, condominiums, or townhomes in excess of 20 housing units per location?	<input type="checkbox"/>	<input type="checkbox"/>
18. What is the maximum depth the applicant will dig? _____ feet		
19. Does applicant always use "dig safe" method or similar services to confirm underground utilities have been located and flagged?	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the applicant been cited for any OSHA violations in the past three (3) years?	<input type="checkbox"/>	<input type="checkbox"/>

Operations Continued

	Yes	No
21. If shoring is required for a job, does applicant use OSHA approved equipment and techniques?	<input type="checkbox"/>	<input type="checkbox"/>
22. Is all self-propelled mobile equipment transported to job site by trailer?	<input type="checkbox"/>	<input type="checkbox"/>
23. Any explosives, flammables, or LPG used?	<input type="checkbox"/>	<input type="checkbox"/>
a. If explosives/flammables are used, how are they stored?		
b. When and how are they used?		
24. Does applicant make a study of the subsurface and identify existing utility lines and pipes prior to digging?	<input type="checkbox"/>	<input type="checkbox"/>
25. Does applicant have sufficient signs, barricades, and fences to keep non-employees at a safe distance from job sites and equipment?	<input type="checkbox"/>	<input type="checkbox"/>
26. Does applicant confirm neighboring properties are properly underpinned or stabilized prior to excavating?	<input type="checkbox"/>	<input type="checkbox"/>
27. Any equipment loaned, rented, or leased to others?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain:		

Prior Coverage

Please provide prior insurance information for this enterprise. ☐ Check if none

Insurance Company	Policy Period	Limits of Liability	Premium	Type of Coverage	Occurrence or Claims-Made
			\$		
			\$		
			\$		
			\$		

Loss History

Please provide loss history for the past 5 years or attach 5 years of currently valued prior insurer loss runs.

☐ Check if no losses in the past 5 years.

Date of Occurrence	Description of Occurrence	Amount Paid and Reserved
		\$
		\$
		\$
		\$
		\$

	Yes	No
Has your facility ever been cited by OSHA or any other regulatory agency?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain _____		
Are there any other incidents, conditions, or circumstances which may result in claims against you?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide details _____		

Loss History Continued**Yes****No**

Has the applicant had an insurance policy cancelled or non-renewed in the past 3 years?

☐☐***(Missouri applicants – do not answer this question)***

If yes, please provide details _____

The Applicant agrees and acknowledges that any claim arising from any incident, condition, circumstance, defect or suspected defect known to exist at the time this Application is submitted shall be excluded from coverage. It is understood and agreed that any claim arising from any prior or pending litigation or written or oral demand shall be excluded from coverage.

The undersigned officer of the Applicant declares that:

- a. He or she is authorized to sign this Application on behalf of the Applicant;
- b. To the best of his or her knowledge, the statements made herein are true and correct, and reasonable efforts have been made to ascertain that the information set forth is complete and accurate in all respects;
- c. He or she will notify the insurer immediately in writing if he or she discovers, between the date of this Application and the effective date of the Policy issued on the basis of this Application, any significant adverse change in the condition of the Applicant or other knowledge which renders the information provided in this Application incomplete or inaccurate; and
- d. He or she understands that any quotation or offer of coverage tendered by the insurer is made in reliance upon the accuracy and completeness of the information provided in this Application.

Signing this Application does not obligate the Applicant to purchase insurance and accepting this Application does not bind the insurer to complete the insurance or to issue any particular policy.

Applicant Printed Name _____

Applicant Signature _____

Title _____

Date _____