

Excavators & Grading of Land Supplemental Application



AmTrust E&S Insurance Services
An AmTrust Financial Company

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

Instructions: All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

Section I – Applicant Information

Name of Applicant: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 P.O. Box: _____ City: _____ State: _____ Zip Code: _____
 Telephone: _____ Website: _____
 State(s) / Area of Operation: _____ Licensed for Business in State(s): _____
 Years in Business: _____ Contractor License #: _____
 Industry Experience: _____
 Description of Operations: _____

Section II – Exposure History

1. Please provide historical receipts, payroll and cost of subcontracted work.

Year	Annual Gross Receipts	Employee Payroll	Subcontracting Costs
5th Prior Year	\$	\$	\$
4th Prior Year	\$	\$	\$
3rd Prior Year	\$	\$	\$
2nd Prior Year	\$	\$	\$
Current Year	\$	\$	\$
Projected Next 12 Months	\$	\$	\$

2. Payroll of owners, officers and partners active at job sites or performing supervisory duties: \$ _____
 Payroll of employees other than owners, officers, partners and clerical: \$ _____
 Cost of leased, temporary, staffing service, casual labor (if not included above): \$ _____

Section III – Operations Breakdown

1. Using percentage of payroll (under Direct) and percentage of contractor costs (under Subbed), indicate the anticipated percentage of construction work you will perform over the next 12 months.

Type of Work	% Direct	% Subbed
Site Preparation including rough & finish grading	%	%
Grading of Land	%	%
Excavation	%	%
Irrigation or Drainage System Construction	%	%
Driveway, Parking Lot or Sidewalk – paving or repaving	%	%
Street or Road Construction	%	%
Other Operations: Describe: _____	%	%

2. List percentage of operation under the following:

New Construction _____ % + Remodeling _____ % + Repair _____ % = 100%
 Commercial _____ % + Industrial _____ % + Residential _____ % = 100%

Section IV – Other Operations

1. Does the applicant have any past, current or planned work involving:
- a. Dam or reservoir construction? Yes No
 - b. Shoring, underpinning, caisson or cofferdam work? Yes No
 - c. Demolition work, other than soft demo inside of buildings for remodeling purposes and demolition of one-story structures in preparation of construction site? Yes No
 - d. Dredging operations? Yes No
 - e. Earth retaining walls, other than non-load-bearing landscape walls that are a maximum four (4) feet in height? Yes No
 - f. Environmental remediation/abatement? Yes No
 - g. Flood control prevention work? Yes No
 - h. Landfill or refuse operations, construction or closure? Yes No
 - i. Levee or breakwater construction? Yes No
 - j. New construction activities for multi-unit residential projects, including condominiums, townhouses, row houses and other multi-family structures? Yes No
 - k. New construction activities for tract home subdivisions, master planned residential communities with more than 15 homes or lots? Yes No
 - l. Pipeline or powerline construction work? Yes No
 - m. Railroads, subways or street railway construction work? Yes No
 - n. Tank construction, removal, erection, cleaning or repair (other than septic tank work) or underground storage tank removal, including removal of contaminated soil? Yes No
 - o. Tunneling work of any kind? Yes No
 - p. Underground storage tanks, fuel tanks or pipelines? Yes No
 - q. Work from barges or other types of floatation vessels? Yes No

Section V – General Questions

1. What is maximum depth the applicant will dig? _____ feet
2. If shoring is required on the jobsite, does the applicant use OSHA-approved equipment and techniques? Yes No
3. Does applicant do any excavation for swimming pools? Yes No
4. Any municipal work? Yes No

If YES, please describe:

5. Does the applicant have any future plans related to work involving condos, tract homes or custom homes? Yes No

If YES, please describe:

6. Any current or past involvement with Wrap-up/OCIP? Yes No

If YES, please describe:

7. Does the applicant do any snow plowing? Yes No
Annual payroll from snow/ice removal: \$ _____
Any snow/ice removal operations on public street or roads or parking lots? Yes No
8. Does the applicant or their subcontractors use explosives, flammables or LPG? Yes No
9. Is all self-propelled mobile equipment transported to the site by trailer? Yes No
10. Any equipment loaned, rented or leased to others? Yes No

If YES, describe type of equipment: _____

Annual rental receipts: with operator: \$ _____ without operator: \$ _____

Section VI – Current Projects

1. Complete the following for the three (3) largest projects in progress or scheduled over the next twelve (12) months.

Project Description	Project Value
1.	\$
2.	\$
3.	\$

Section VII – Past/Completed Projects

1. Complete the following for the three (3) largest projects in last five (5) years.

Project Description	Project Value
1.	\$
2.	\$
3.	\$

Section VIII – Liability Controls / Risk Transfer

1. Does the applicant confirm neighboring properties are properly underpinned or stabilized prior to excavating? Yes No
2. Does the applicant make a study of the subsurface, including contacting local utility companies to identify existing utility pipes and lines, prior to commencing work/digging? Yes No
3. Is the route of excavation white-lined before the utility locator arrives on site? Yes No
4. Does the risk do hand digging within 18 inches to 24 inches (depending on state regulations) from center of the utility line? Yes No
5. Are photographs or videos taken before and after excavation? Yes No
6. Does applicant have sufficient signs, fences & barricades to keep non-employees at a safe distance from jobsite and equipment? Yes No
7. Has the applicant been cited for any OSHA violations in the past three (3) years? Yes No

If YES, please explain:

8. Do you sign a written contract with your customers? Yes No
9. Does applicant subcontract work? Yes No
- If YES, state type of work:** _____
10. Do you use a standard contract with all subcontractors who perform work/services on your behalf? Yes No
11. Do these contracts include the following?
 - a. Indemnification and hold harmless agreements that protect the insured. Yes No
 - b. Are you named additional insured on their policies for both ongoing and completed operations? Yes No
 - c. What limits of liability are required? \$ _____
 - d. Waiver of subrogation? Yes No
12. Are certificates of Insurance obtained prior to commencing work? Yes No
- If YES, how long are they retained after a job?** _____
13. Does the applicant currently carry Workers' Compensation Insurance? Yes No
14. Does the applicant provide any architectural or engineering design services? Yes No
- If YES, do you carry Errors & Omissions coverage for these services?** Yes No

Limits Carried: \$ _____

Section IX – Claim History

1. Does the applicant have any 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 against any named in the application? Yes No

If YES, please describe:

2. Has the risk 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, please describe:

3. Has the applicant ever been accused of breaching a contract in the past five (5) years? Yes No

If YES, please describe:

4. Has the applicant been fired or replaced on a job in progress in the past three (3) years? Yes No

If YES, please describe:

5. Are there any claims or legal actions pending against any active, inactive or dissolved entities in which you have had a controlling interest? Yes No

If YES, please describe:

6. Has the applicant ever had a lapse in GL coverage? Yes No

If YES, please describe:

Fraud Warning

Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

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

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

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

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant:

Print Name: _____ Signature: _____

Title: _____ Date: _____

I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____

Signature of Producing Agent: _____ Date: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY