



## EXCAVATORS AND GRADING OF LAND SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE: From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**Website Address:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**1. Description of operation:** \_\_\_\_\_  
 \_\_\_\_\_

How long have you been in business? \_\_\_\_\_  Full-time  Part-time  
 Years of experience in this field? \_\_\_\_\_

**2. Projected gross annual sales:**.....\$ \_\_\_\_\_

**3. Employee Information:**

Employee Data	Number	Annual Payroll
Owner(s) only		\$
Full & Part-Time Employees		\$

Leased	Number	Annual Cost
Leased Employees		\$

**4. Does applicant subcontract work?**.....  Yes  No

If yes, state type of work: \_\_\_\_\_

Annual cost (including projected cost of materials):.....\$ \_\_\_\_\_

Are certificates of insurance obtained from subcontractors?.....  Yes  No

Limits of liability required on certificates: \_\_\_\_\_

5. Does applicant have other business ventures for which coverage is not requested?.....  Yes  No  
 If yes, explain and advise where insured: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Any underground tanks, petroleum products, LPG, flammable liquids, ammunition or explosives stored on the applicant's premises or at job sites?.....  Yes  No  
 If yes, advise types and quantity stored: \_\_\_\_\_  
 \_\_\_\_\_

7. Safety Procedures:  
 Does applicant make a thorough study of the subsurface, including identification of existing utility pipes and lines, prior to any digging? .....  Yes  No  
 Does applicant have sufficient signs, barricades and fences to keep non-employees at a safe distance from job sites and equipment? .....  Yes  No  
 Does applicant confirm neighboring properties are properly underpinned or stabilized prior to excavating? .....  Yes  No

8. Operations: Please indicate Y (Yes) or N (No) if any operations described below are performed by applicant and/or subcontractors and indicate percentage of each operation:

	%	Applicant (Y/N)	Subs (Y/N)
<b>Excavation for abutting buildings:</b>			
<b>Work on demolition projects: (If yes, please submit)</b>			
<b>Earthen dam construction:</b>			
<b>Use of explosives:</b> If yes, please complete and submit Blasting Contractors Supplemental Application, GLS-APP-67s.			
<b>Horizontal/Directional Drilling:</b> What type of work? (i.e., Oilfield, utility installation, pipes, conduit or cable installation) _____			
<b>Work on landfills:</b>			
<b>Mining:</b>			
<b>Engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies:</b> If yes, describe: _____			
<b>Public street or road construction:</b>			
<b>Site preparation for residential:</b> Any single family home developments with more than twelve (12) home sites? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Any condominiums or townhouse developments? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>River channeling or re-channeling:</b>			
<b>Shoring:</b> If yes, does applicant use OSHA approved equipment and techniques? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Snow/Ice removal:</b> If yes, please complete Snow Removal Supplemental Application, GLS-SUPP-6.			

	%	Applicant (Y/N)	Subs (Y/N)
<b>Stabilizing soil with lime or concrete:</b> If yes, what type of locations? (i.e., flat land, hillside, etc.) _____			
<b>Excavation for swimming pools:</b> If yes, advise: Payroll: ..... \$ _____ Receipts: ..... \$ _____			
<b>Tunneling:</b>			
<b>Underground storage tank installation or removal:</b>			
<b>Underpinning:</b>			
<b>Water main, sewer or pipeline construction:</b>			

9. **Equipment:** (Refer to Inland Marine guide if coverage is needed for equipment)

Types: (describe below)	Owned	Rented
Self-propelled:		
Other:		

10. **Is all self-propelled mobile equipment transported to job sites by trailer?** .....  Yes  No

11. **Any equipment loaned, leased or rented to OTHERS without operator?**.....  Yes  No

If yes, describe type of equipment and receipts: \_\_\_\_\_  
\_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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 subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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 include imprisonment, fines, and denial of insurance benefits.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTACT NAME AND TELEPHONE NUMBER OF INDIVIDUAL FOR INSPECTION/AUDIT: \_\_\_\_\_

\_\_\_\_\_