**TELECOMMUNICATION CONTRACTORS SUPPLEMENTAL APPLICATION**

(Complete in addition to the ACORD General Liability Application)

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| Applicant’s Name:             Location Address:              | Agent Name:       Agent Address:       Phone No.:        |

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

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

**1. Applicant Operations:**

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| **a.** Description of Operations:       |

**b.** State/Area of Operations:

**c.** Length of time in business operating under the name shown above:       years or       new venture

**d.** Total payroll: $

Show by Trade:

Trade:       Payroll: $      Subcontractor Costs: $      Sales: $

Trade:       Payroll: $      Subcontractor Costs: $      Sales: $

Trade:       Payroll: $      Subcontractor Costs: $      Sales: $

Uninsured Subcontractors Cost: $

**e.** Is applicant licensed? [ ]  Yes [ ]  No

If yes, type in license and number:

Year licensed issued:

Has applicant operated or been licensed under any other name(s) during the past ten (10) years? [ ]  Yes [ ]  No

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| If yes, provide prior name and describe type of operations:       |

**f.** List top three customers and services performed:

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| --- | --- |
| **Customer** | **Services Performed** |
|       |       |
|       |       |
|       |       |

**g.** Projects:

|  |  |  |
| --- | --- | --- |
| **Current or Planned Projects** | **Cost of Project** | **Duration of Project** |
|       |       |       |
|       |       |       |
|       |       |       |

**2. Liability Controls:**

**a.** Does applicant use a written contract with customers? [ ]  Yes [ ]  No

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| If no, explain when not required:       |

**b.** Does applicant use a written contract with subcontractors? [ ]  Yes [ ]  No

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| If no, explain when not required:       |

**c.** Do applicant’s contracts contain a hold harmless agreement in applicant’s favor? [ ]  Yes [ ]  No

**d.** Does applicant obtain certificates of insurance from all subcontractors? [ ]  Yes [ ]  No

If yes, minimum limits required: $

**e.** Is applicant added as an additional insured on the subcontractors’ liability policies? [ ]  Yes [ ]  No

**f.** Does applicant have Workers’ Compensation coverage in force? [ ]  Yes [ ]  No

**g.** Does applicant provide architectural or engineering design services? [ ]  Yes [ ]  No

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| If yes, explain:       |

**h.** Does applicant have residential telecommunications operations? [ ]  Yes [ ]  No

 **i.** Is applicant a telecommunication equipment provider? [ ]  Yes [ ]  No

 **j.** Is applicant a telecommunication service provider? [ ]  Yes [ ]  No

**k.** Has applicant acted in the capacity of a General Contractor in the past? [ ]  Yes [ ]  No

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| If yes, provide details:       |

 **l.** Is applicant a construction/project manager or consultant? [ ]  Yes [ ]  No

**m.** Has applicant been involved in any claims involving construction defects? [ ]  Yes [ ]  No

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| If yes, explain:       |

**3. Does applicant’s employees or subcontractors do directional drilling?** [ ]  Yes [ ]  No

**4. What is the average height of towers serviced?**

**5. What is the maximum height of towers serviced?**

**6. Any work on towers located on buildings?** [ ]  Yes [ ]  No

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| If yes, explain:       |

**7. Does applicant do any tower erection?** [ ]  Yes [ ]  No

If yes:

Average height of towers:

Maximum height of towers erected:

Number of towers erected on buildings:

Number of towers erected per year:

**8. Does applicant have written safety procedures for all employees and subcontractors?** [ ]  Yes [ ]  No

Do employees use safety harnesses? [ ]  Yes [ ]  No

Are underground utilities marked? [ ]  Yes [ ]  No

Is safety program reviewed quarterly with employees? [ ]  Yes [ ]  No

If no, how often is it reviewed?

**9. Does applicant do any excavation work?** [ ]  Yes [ ]  No

If yes, complete the Excavators and Grading of Land Supplemental Application.

**10.** **Does applicant do any welding work?** [ ]  Yes [ ]  No

If yes, advise percentage of gross receipts:      %

**11. For tower owners:**

Height of tower:       Feet

Is the tower used by anyone else? [ ]  Yes [ ]  No

What are the annual receipts from leasing space on towers to others? $

Is tower supported by wires? [ ]  Yes [ ]  No

Advise wind load of tower:

Tower Security:

Fully fenced? [ ]  Yes [ ]  No

Cameras? [ ]  Yes [ ]  No

**12. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** [ ]  Yes [ ]  No

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| If yes, describe:       |

**13. Does applicant have other business ventures for which coverage is not requested?** [ ]  Yes [ ]  No

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| If yes, explain and advise where insured:       |

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 state-ments 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:

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|  | **IMPORTANT NOTICE** |  |
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| As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. |