

Excavators Supplemental

Business Name (dba): _____
Contact Person: _____ Phone: _____ Fax: _____
Contractor's license #: _____

Management:

How long have you been in business? _____
Describe duties of owner(s): _____
Does owner(s) or insured(s) lease, operate or are a subsidiary of any other business(es) other than the business applying for insurance? Yes No
If so, are they to be insured under this policy? Yes No
If yes, please supply all details. If not, provide a Certificate of Insurance on all other operations. _____

Number of years under current management? _____
Trade Association Membership held? Yes No If yes, please describe: _____

Employee Data	Number	Annual Payroll
Owner(s) only	_____	\$ _____
Full Time	_____	\$ _____
Part Time	_____	\$ _____

Leased or Subcontracted Labor	Number	Annual Cost
Leased Employees	_____	\$ _____
Independent Contractors	_____	\$ _____

Operations:

Projected annual receipts: \$ _____ Prior year's annual receipts: \$ _____
Does applicant or their subcontractors use explosives? Yes No
If yes, please describe: _____

Does applicant make a thorough study of the subsurface, including identification of existing utility pipes and lines, prior to any digging? Yes No
Is all self-propelled mobile equipment transported to job sites by trailer? Yes No
If shoring is required on a job, does applicant use OSHA approved equipment and techniques? 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
Equipment is: Owned Rented
Does applicant do off-season snow plowing? Yes No
If yes, annual receipts from snow plowing: \$ _____
Who do they plow for? _____
Any equipment loaned, leased or rented to others? Yes No
If yes, please describe type of equipment and annual rental receipts: _____
Does applicant subcontract work? Yes No
If yes, please state type of work: _____
Are Certificates of Insurance for Work Comp and General Liability obtained from subcontractors? Yes No
Do you require subcontractors to add you as an Additional Insured to their General Liability Policy? Yes No

Application courtesy of <http://www.insurance-applications.com>

Do any of your past or anticipated future contracts involve underground storage tank removal; tunneling; earthen dam construction; river channeling or re-channeling; mining; work on landfills; street or road construction; or water main, sewer or pipeline construction? Yes No
If yes, please describe: _____
Does applicant prepare residential housing sites? Yes No

Application courtesy of <http://www.insurance-applications.com>

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If yes, please describe: _____

Does applicant prepare residential housing sites? Yes No

READ AND SIGN BELOW:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Signature

Date

Print Name

Title

**APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED
PRIOR TO COVERAGE BEING BOUND**