



Excavation Contractors Supplemental Application

Name Insured:

Date:

1 Describe Operations:

2 % Commercial _____ % Residential _____ %Industrial _____

3 How long has the Insured been in this line of business? _____

4 Is the insured involved in any of the following? (If yes, indicate % of revenues):

Grading of land _____ Dirt Hauling _____ Paving _____ Demolition _____
Blasting _____ Horizontal or Vertical Boring _____ Tank Removal/Installation _____

Explain: _____

5 What is the average depth of an excavation? _____ Maximum Depth? _____

6 What measures are taken to avoid injury to third parties (i.e. traffic control, barricading, other workers)? _____

7 Does the insured contact local utility companies? _____

8 Is a study of the subsurface done prior to any excavation?

By whom? _____

Explain procedure: _____

9 Who engineers job (if an employee does, what are the employee's qualifications)?

10 What efforts are made to protect excavation and excavation materials? _____

11 How is machinery transported? _____ Radius
of Operations? _____

12 How is machinery and equipment protected at the place of business and on the jobsite? (i.e. fenced, security guard, etc.)? _____

- 13 What measures are taken to avoid an attractive nuisance at the job site? _____

- 14 Are hand tools used on the “final” excavations? (If yes describe) _____

- 15 What precautions are taken to avoid collapse/injury? _____

- 16 If insured hauls their own dirt where is it deposited? _____

- 17 Is the insured involved in tree removal? _____
- 18 What percentage of work is subcontracted? _____ %
- 19 Are certificates required from subcontractors? _____
- 20 Are any Hold Harmless Agreements used? (if yes, attach copies) _____

WARRANTY: The purpose of the Supplemental Questionnaire is to assist the underwriter process. Information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his knowledge, information and belief. This Supplemental Questionnaire and application to which it is appended, shall be the basis of any insurance policy that may be issued and will be a part of such policy.

Signature of applicant: _____

Date: _____

Name and Title: _____