

**General Information**

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location Address (if different from above): \_\_\_\_\_

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

Date Business Started: \_\_\_\_\_

What is your Radius of Operation?

0-50 miles \_\_\_\_\_%    51-200 miles \_\_\_\_\_%    201-500 miles \_\_\_\_\_%

List all states that you operate in: \_\_\_\_\_

Provide number of employees:    Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_

Description of operations: \_\_\_\_\_

1. Does the risk get involved in any of the following operations?

Aerial work with Aircraft or Drones	YES	NO
Airport or runway work or air traffic control tower work	YES	NO
Asbestos, lead paint, mold, radon, underground or above ground storage tank or hazardous abatement or mediation work	YES	NO
Blasting operations and/or blasting for others	YES	NO
Bridge work and overpasses, including structural repair	YES	NO
Concrete mix in transit or concrete pumping	YES	NO
Condominium or townhouse conversion work	YES	NO
Conveyor work	YES	NO
Crane usage, rental, or hiring	YES	NO
Crane rental to others – with or without operators	YES	NO
Dam or reservoir construction or contracting work on such structures including cofferdams and caisson buildings	YES	NO
Demolition work, other than soft demo inside of buildings for remodeling purposes and demolition of one-story structures in preparation of construction sites	YES	NO
Dredging operations	YES	NO
Drilling operations	YES	NO
Earth retaining wall operations, other than non-load bearing landscape walls that are a maximum 4 feet in height	YES	NO
Electrical high voltage, electrical power lines and hydroelectric and transformer	YES	NO
Environmental remediation/abatement/impairment operations of any type	YES	NO
Equipment rental with operators to others	YES	NO
Equipment rental without operators to others	YES	NO

Fire sprinklers	YES	NO
Fire suppression systems	YES	NO
Flood control prevention work	YES	NO
Gas mains	YES	NO
Haul oversized loads	YES	NO
Hauling underground storage tanks or contaminated soil or cutting/breakdown of the tanks	YES	NO
Highway or freeway construction work or services	YES	NO
Landfill or refuse operations, construction, or closure operations – past, present, or future	YES	NO
Levee or breakwater construction	YES	NO
Local trucking for hire (other than sand/gravel hauling <25% of total shipments)	YES	NO
Millwright work	YES	NO
On-site treatment of contaminated soils	YES	NO
Petrochemical, oil/gas, or oil field refining work, any operations conducted in oil field	YES	NO
Pile driving of any kind	YES	NO
Power line construction / work	YES	NO
Protective service work, such as security guards or alarm servicing or repair	YES	NO
Railroads, subway, or street railway construction work	YES	NO
Refineries	YES	NO
Snow plowing operations	YES	NO
Tank construction, removal, erection, cleaning, or repair (other than septic tank work) or underground storage tank removal including removal of contaminated soil	YES	NO
Telephone, telegraph, or cable line construction involving overhead exposures or work at heights	YES	NO
Traffic control services provided to 3rd parties	YES	NO
Traffic signs or signals	YES	NO
Tunneling work of any kind	YES	NO
Underpinning buildings	YES	NO
Waste treatment work, other than septic tank removal	YES	NO
Work from barges or any other types of floatation vessels	YES	NO
Work performed on 3 stories or higher	YES	NO

BASED ON ANSWERS PROVIDED - ADDITIONAL SUPPLEMENTAL QUESTIONNAIRES MAY APPLY

A full NIP supplemental will need to be completed if coverage is bound.

Provide details to any questions answered YES above

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**Risk Management**

Does the insured have a Full Time Safety Director?	YES	NO
Does the insured have a Part Time Safety Director?	YES	NO
Does the Safety Director have at least 3 years' experience working as a Safety Director?	YES	NO
Does the Safety Director oversee all daily operations?	YES	NO
Are all locations secured, fenced, locked with security systems?	YES	NO

**Applicable to Inland Marine** (Complete if Requesting Inland Marine)

Confirm the storage location for all Inland Marine scheduled equipment.

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Describe anti-theft controls when equipment is left on jobsite

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**Applicable to Automobile Coverage** (Complete if Requesting Auto Coverage)

Do you have any Telematics in place? If yes, include name of Telematic software used.	YES	NO
Are all vehicles registered in the company name?	YES	NO
Is the driving of PPTs limited to the owners and senior management?	YES	NO
Are any company vehicles driven for personal use?	YES	NO
Do any employees use their personal vehicle for work? How Many?	YES	NO
Do you have any drivers under age of 21?	YES	NO
Do you have a formal written plan Safety Program in place?	YES	NO
Do you have a formal written plan Vehicle Maintenance Program?	YES	NO
Do you have a Fleet Manager on staff?	YES	NO
Do you have pre-trip/post-trip inspections?	YES	NO
Do you have MVR verification program?	YES	NO
Do your drivers have CDL licenses for vehicles over 26K lbs GVW?	YES	NO
Do any family members have access/use to the PPT? If yes, please provide drivers names, DOB & License #'s	YES	NO

If any DOT filing are required, please list filing required and limit required.

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Where are company vehicles stored at night? If multiple locations, please provide breakout by location.

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Identify all vehicles that have been modified with special equipment and provide the cost or value of each modification. \_\_\_\_\_

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Do the values on the Auto Acord application include the value for all permanently mounted pieces of equipment (ie bucket, lifts, cranes, etc.)? YES NO

**Historical Auto**

	Expiring Year	1 <sup>st</sup> Prior Year	2 <sup>nd</sup> Prior Year	3 <sup>rd</sup> Prior Year	4 <sup>th</sup> Prior Year
Auto Premium	\$	\$	\$	\$	\$
# of Power Units					

**Applicable to Workers Comp – (Complete if Requesting Workers Comp)**

Any interchange of labor? YES NO If yes, please explain: Another Business Subsidiary  
Business Dept. Other

Any day laborers or temporary/employee leasing? YES NO

**HIRING PRACTICES - EMPLOYEE SELECTION - CLAIMS**

Written applications? YES NO

Drug testing? YES NO If yes, when? Pre-Hire Post-Accident Both

MVR checks? YES NO

If so, when: \_\_\_\_\_

Can insured provide light duty or return-to-work? YES NO

**BENEFITS**

Group medical provided? YES NO

If group medical is provided, who is the healthcare provider? \_\_\_\_\_

Percent of employees enrolled: \_\_\_\_\_ %

Percent paid by employer: \_\_\_\_\_ %

Retirement/pension plan? YES NO

Does employer contribute? YES NO

Do you have a wellness program (i.e. encourages and promotes employee health programs) in place? YES NO

Do you provide paid sick leave? YES NO

Paid vacation? YES NO

**CLAIMS REPORTING AND INVESTIGATION**

Are there set procedures for reporting claims? YES NO

Average claim reporting time frame: \_\_\_\_\_

Do you have a formal written accident report? YES NO

Are corrective actions taken and safety measures implemented following injuries? YES NO

Are supervisors held accountable for injuries/accidents? YES NO

Is there a formal Safety Committee? YES NO

Return to Work Program (RTW) in place? YES NO

Does it include salary continuation? YES NO

Do you use a specific medical provider to treat injured employees? YES NO

Are you currently participating in a MPN (Medical Provider Network)? YES NO

If yes, please provide the name of current MPN: \_\_\_\_\_

Subcontractors (this includes 1099 and contract labor)? YES NO

If yes, what % of payroll is assigned to subs: \_\_\_\_\_ %

Are certificates of insurance obtained for subs: YES NO

What types of work are subbed? \_\_\_\_\_

**SAFETY PROGRAM AND ORGANIZATION**

Safety Program in Place: YES NO If yes: Formal/Written Informal/Verbal

Safety Training: YES NO If yes, is the training: Documented Verbal

Safety Meetings: YES NO If yes, frequency: Daily Weekly Monthly Quarterly Annually

MSDS Program? YES NO

Machinery Guarded? YES NO

Lockout/Tagout? YES NO

Respiratory Program? YES NO N/A If yes, what type: \_\_\_\_\_

Maximum Depth: \_\_\_\_\_

Maximum Height in Feet: \_\_\_\_\_ ft. (please also enter fall protection used below)

If heights, what is used: Ladders Scaffolding Lifts Other: \_\_\_\_\_

Type(s) of Fall Protection: \_\_\_\_\_

Personal protective equipment: No N/A Goggles Gloves Non-Slip Shoes Steel Toed Boots  
Hard Hats Masks Back Belts Protective Clothing Other: \_\_\_\_\_

Are owners active in daily operations? YES NO

If yes, are they excluded from coverage? YES NO

Active injury & illness prevention program? YES NO

Heat illness prevention program? YES NO

Active safety incentive program? YES NO If yes, does it encompass all employees? YES NO

What type of incentive? \_\_\_\_\_

How many employees will be performing Construction work: # full time \_\_\_\_\_ # part time \_\_\_\_\_

# seasonal \_\_\_\_\_ # day labor \_\_\_\_\_ # of supervisors assignable to code 5606: \_\_\_\_\_

If electrical work: 600 V and below 600 V-69 kV 69 kV-230 kV 230 kV-1,100

Does the insured do any: solar panel install/pole lines/parking lot lights? YES NO

**ACCREDITATIONS & CERTIFICATIONS**

Is the Insured a current member of NUCA – National Utility Contractors Association? YES NO

If so, please provide details: \_\_\_\_\_

Is the Insured a current member of any State Contractor Associations? YES NO

If so, please provide details: \_\_\_\_\_

**PRIOR PAYROLL AND PREMIUM INFORMATION**

	Total Annual Payroll:	Premium \$:
Current Year:	_____	_____
Prior Year:	_____	_____
Prior Year:	_____	_____
Prior Year:	_____	_____
Prior Year:	_____	_____

## FRAUD STATEMENTS

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully\*) 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 and may be subject to fines and confinement in prison (or any combination thereof\*\*). \*Applies in MD Only. \*\*Applies in AL Only

**Applicable in CA:** For your protection California law requires the following to appear on this application. Fraud Statement: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in CO:** 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.

**Applicable in FL, ID, IN:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony \*of the third degree. \*Applies in FL Only.

**Applicable in KS:** 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 commercial or personal 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; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

**Applicable in KY, NY and PA:** 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 to exceed five thousand dollars and the stated value of the claim for each such violation\*). \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:**

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 denial of insurance benefits. \*Applies in ME Only.

**Applicable in NH:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OH:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Applicable in OK:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Applicable in OR:** Notice to Oregon applicants: Any person who, with intent to defraud or knowing that 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.

### FRAUD STATEMENT (All Other States):

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.

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.

**DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THE APPLICATION AND FRAUD WARNINGS.**

**I have reviewed the contents of this application and with my signature, declare that to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that I may be inspected by the Insurance Company at any time.**

Applicant/Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Address of Producing Agency: \_\_\_\_\_

Signature of Producing Agent: \_\_\_\_\_ License #: \_\_\_\_\_ Date: \_\_\_\_\_