SitePro®
by NIP GROUP

900 Route 9 North, Ste. 503
Woodbridge, NJ 07095-1003
www.nipgroup.com

Phone: 800.446.7647
Fax: 732.791.1630
Email: info@nipgroup.com

General Information

Applicant Name: _____

Mailing Address: _____

Location Address (if different from above): _____

Website Address: _____

Date Business Started: _____

Has applicant changed names in the last five years? ☐YES ☐ NO

If Yes, provide details: _____

Provide number of employees: Full-time _____ Part-time _____ Seasonal _____

Description of operations: _____

List all states the applicant operates in: _____

If insured works in NY State, what percent of work (if any) is in NYC 5 boroughs? _____

Program Eligibility

1. Enter the percentage of the risk's own payroll and/or sales that are generated from the following operations. Exclude work that the applicant subcontracts when determining eligibility percentages.

   Percentages based on: Payroll or Sales

   Grading of Land _____%

   Excavation _____%

   Irrigation or Drainage System Construction _____%

   Driveway, Parking Lot or Sidewalk-Paving or Repaving _____%

   Street or Road Construction _____%

   Other: _____%

   TOTAL: _____100 %

2. Does the risk communicate with the One-Call Service Center and the area utility owners that are not members of the One-Call Service Center prior to all scheduled excavation work? ☐YES ☐ NO
3. Is the Risk a one-person operation with no employees? ☐YES ☐ NO
4. Has the risk been cited for any OSHA violations in the last three years? ☐YES ☐ NO

   If YES, please explain: _____

***Further supplemental may be needed**

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5. Indicate the type of work the risk performs:
   Commercial (includes apartments) _____% Residential _____% Industrial _____%
6. Does the insured follow the OSHA safety guidelines for excavation work that is 5 feet or deeper? ☐YES ☐ NO
7. Indicate percentage of:
   New Construction _____% Repair / Remodeling / Maintenance _____%
8. If residential work is performed, please provide further breakdown of type of residential work:
   Condos/Townhomes/Duplexes/Triplexes _____% Custom homes (non Tract) _____%
   Tract housing (10 homes or less) _____% Tract housing (over 10 homes) _____%
9. Does the risk hire subcontractors? ☐YES ☐ NO
   If YES, indicate percentage: _____%
   Please describe what type of work is subbed out: _____
   _____
   Does applicant obtain certificates of insurance from all subcontractors? ☐YES ☐ NO
   Does applicant require all subcontractors to carry primary liability insurance limits equal to or greater than their own? ☐YES ☐ NO
   Is the applicant named as an additional insured on all subcontractors' policies? ☐YES ☐ NO
   Does the applicant use written subcontractor agreements containing hold harmless/indemnity agreements in favor of the risk? ☐YES ☐ NO
   Indicate type of subcontractor agreements the risk typically signs.
   Standard (AIA contracts): _____ Custom: _____
10. Does applicant ever take over the subcontracting work of an uncompleted project from another subcontractor at any at phase of construction? ☐YES ☐ NO
11. Does the applicant perform any demolition work? ☐YES ☐ NO
    If YES, please describe: _____
    _____
12. Risk is operating as:
    Subcontractor (You are a sub-contractor of a GC) _____%
    Construction Contractor (Your contract is direct with the project owner) _____%
    General Contractor (You hire multiple classes of subcontractors to perform work) _____%
13. Has the risk ever been involved as a GENERAL CONTRACTOR in the building of residential homes, condominiums, apartments, or townhouses in the past 10 years? ☐YES ☐ NO
    If YES, please describe: _____
    _____
14. Any current or past involvement with wrap-up/OCIP? ☐YES ☐ NO

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15. Does the risk have a written quality control program? ☐YES ☐ NO

If YES, please attach a copy with supplemental.

Applicable to Inland Marine

Confirm the storage location for all Inland Marine scheduled equipment.

Describe anti-theft controls when equipment is left on jobsite

Applicable to Automobile Coverage

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 any family members have access/use to the PPT? If yes, please provide drivers names, DOB & License #'s ☐YES ☐ NO

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

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

17. Enter the percentage of the risks own payroll and/or sales that emanate from the following operations:

Site prep including rough & finish grading	____%	Soil compaction	____%
Building site pad preparation	____%	Soil stabilization	____%
Foundation form construction	____%	Foundation design	____%
Concrete pouring for foundations	____%	Foundation pier ole drilling	____%

18. Does the risk have any future plans related to work involving condos, townhouses, tract homes, custom homes or homes of unusual design? ☐YES ☐ NO

If YES, please describe:

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19. Has the risk ever been named in claims and/or litigation regarding faulty or defective construction (construction defect claims) or workmanship, including claims due to subsidence issues or use of EIFS? ☐YES ☐ NO

If YES, please provide details on claims/litigation and how the issue was corrected:

20. Does risk have knowledge of any pre-existing act, omission event, condition or damages to any person or property that may potentially give rise to any future claim or legal action? ☐YES ☐ NO

If YES, please describe:

21. Does risk perform any work involving street or road construction and/or water main, sewer, or pipeline construction? ☐YES ☐ NO

Historical Exposure - General Liability

	Expiring Year	1st Prior Year	2nd Prior Year	3rd Prior Year	4th Prior Year
GL Premium	$	$	$	$	$
GL Payroll	$	$	$	$	$
Annual Receipts	$	$	$	$	$

Historical Auto

	Expiring Year	1st Prior Year	2nd Prior Year	3rd Prior Year	4th Prior Year
Auto Premium	$	$	$	$	$
# of Power Units					

Excavation Work

Is the route of excavation white lined before the utility locator arrives on site? ☐YES ☐ NO

Does the risk do hand digging within 18 inches to 24 inches (depending on state regulations) from the center of the utility line? ☐YES ☐ NO

Does the risk request new locates for excavations incurring extended time requirements (10 days or more) and following inclement weather? ☐YES ☐ NO

Are photographs or videos taken before and after the excavation? ☐YES ☐ NO

*Further supplemental may be needed

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High Priority/Critical Jobs

The risk needs to ask the utility owner if this job is considered a high priority or critical job. Some job examples would be high pressure water or gas pipe, power transmission lines. In addition to the requirements noted above, does the risk:

Schedule a pre-excavation meeting on the job-site with the facility owner and prime contractor? ☐YES ☐ NO

Utilize pot holing, air knives, or vacuum excavation techniques to verify utility locates? ☐YES ☐ NO

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

Do you have any Telematics in place? If yes, include name of Telematic software used. ☐YES ☐ NO

Do you conduct pre-employment drug testing? ☐YES ☐ NO

Do you have a documented Safety Program? ☐YES ☐ NO

Do you have tailgate/toolbox safety meetings? ☐YES ☐ NO

Is there a formal fleet maintenance program in place? ☐YES ☐ NO

Does insured obtain and review MVR's? ☐YES ☐ NO

PLEASE INCLUDE THE FOLLOWING ITEMS ALONG WITH THIS SUPPLEMENTAL APPLICATION:

- Completed & Signed accord applications for lines of business to be quoted.
- 3 years plus 1 current year of currently valued, hard copy loss runs for all lines of business being requested.
- Loss runs should be valued within the past 90 days and include a brief description of all claims over $10,000.
- If Automobile coverage has been submitted and over 20 drivers, please provide list of drivers in excel format, if available.
- If Automobile coverage has been submitted and over 20 units, please provide list of autos in excel format.
- Current financials will be required for all accounts that generate over $100,000 in annual premium.
- Current job listing.

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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
Delivery of construction aggregate	☐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
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

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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 QUESTIONNAIRS MAY APPLY

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

Provide details to any questions answered YES above

Producer's Signature _____ Date _____

Applicant's Signature _____ Date _____

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