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## Excavation & Grading of Land Supplemental Questionnaire

### GENERAL INFORMATION

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

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

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

FEIN: \_\_\_\_\_

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

Date Business Started: \_\_\_\_\_ Number of years experience: \_\_\_\_\_

Has applicant changed names in the last five years? YES  NO  If YES, provide details: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

List all states the applicant operates in: \_\_\_\_\_

### 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 \_\_\_\_\_%
- 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: \_\_\_\_\_

5. Indicate the type of work the risk performs:

Commercial (includes apartments) \_\_\_\_\_% Residential \_\_\_\_\_% Industrial \_\_\_\_\_%

6. Indicate percentage of:      New Construction \_\_\_\_\_%    Repair / Remodeling / Maintenance \_\_\_\_\_%

7. 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) \_\_\_\_\_%

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

Driveway, Parking Lot or Sidewalk-Paving or Repaving \_\_\_\_\_%

Commercial (Included Apartments)	Residential (Custom Homes Only)	Industrial
_____%	_____%	_____%

Indicate Percentage of:      New Construction \_\_\_\_\_%    Repair/Remodeling/Maintenance \_\_\_\_\_%

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?    tandard (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

15. Does the risk have a written quality control program?      YES  NO   
If **YES**, please attach a copy with supplemental.

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

Airport or runway work or air traffic control tower work	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Asbestos, lead paint, mold, radon, underground or aboveground storage tank or hazardous abatement or remediation work	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Blasting operations and/or blasting for others	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Bridge work and overpasses, including structural repair	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Concrete mix in transit	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Condominium or townhouse <b>conversion</b> work	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Conveyor work	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Crane operations and rigging	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Crane rental to others – with or without operators	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Dam or reservoir construction or contracting work on such structures including cofferdams and caisson buildings	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Demolition work, <b>other than</b> soft demo inside of buildings for remodeling purposes and demolition of one story structures in preparation of construction sites	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Dredging operations	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Drilling operations	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Earth retaining wall operations, <b>other than</b> non-load bearing landscape walls that are a maximum 4 feet in height	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Environmental remediation/abatement/impairment operations of any type	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Equipment rental without operators to others	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Equipment rental with operators to others	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Flood control prevention work	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Hauling underground storage tanks or contaminated soil or cutting/breakdown of the tanks	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Landfill or refuse operations, construction or closure operations – past, present or future	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Levee or breakwater construction	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Local trucking for hire ( <b>other than</b> sand/gravel hauling <25% of total shipments)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
On-site treatment of contaminated soils	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Petrochemical, oil/gas, or oil field refining work, any operations conducted in oil field	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Pile driving of any kind	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Power line construction / work	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Protective service work, such as security guards or alarm servicing or repair	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Railroads, subway, or street railway construction work	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Refineries	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Snow plowing operations	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Tank construction, removal, erection, cleaning or repair ( <b>other than</b> septic tank work) or underground storage tank removal including removal of contaminated soils	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Telephone, telegraph or cable line construction involving overhead exposures or work at heights	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Tunneling work of any kind	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Underpinning buildings	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Work from barges or any other types of floatation vessels	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Waste treatment work, <b>other than</b> septic tank removal	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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 hole 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. \_\_\_\_\_

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

22. List all states the applicant operates in: \_\_\_\_\_

23. If insured works in NY State, what percent of work (if any) in NYC 5 boroughs? \_\_\_\_\_

**HISTORICAL EXPOSURE – GENERAL LIABILITY**

	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
GL Premium	\$	\$	\$	\$	\$
GL Payroll	\$	\$	\$	\$	\$
Annual Receipts	\$	\$	\$	\$	\$

**HISTORICAL AUTO EXPOSURE**

	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					

**EXCAVATION WORK**

- Maximum depth below grade:
- 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

**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**

- 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 MVRs for all drivers? YES  NO
  - Are road tests given to drivers? YES  NO
  - Do you have employees under the age of 21?
  - Are employees allowed to drive company vehicles for personal use? If yes, when: YES  NO
  - \_\_\_\_\_
  - Do family members have use of company vehicles? If yes, when and who: YES  NO
  - \_\_\_\_\_
  - Are there written procedures for use of company vehicles? YES  NO
  - Do you have an automobile maintenance program in place? If yes, please describe: YES  NO
  - \_\_\_\_\_
24. Do you carry Professional Liability Coverage? YES  NO
- Do you carry Workers' Compensation Coverage? 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, please provide MVR's for all drivers of company vehicles.
- ✓ Current financials will be required for all accounts that generate over \$100,000 in annual premium.
- ✓ Current job listing.

\_\_\_\_\_  
**Producer's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Email**