



Drilled Shaft Contractors Supplemental Application

Named Insured: _____
 Insured Email Address*: _____
 FEIN # (Required to Rate): _____
 Physical Address _____

Agency Name: _____
 Agency Representative: _____
 Agent Phone Number: _____
 Agent Email Address*: _____

How Did You Hear About Us?

- E-MAIL BROCHURE
- FRIEND
- ACT MAGAZINE
- SC&RA EVENT
- OTHER
- CONFERENCE/TRADESHOW
- SEARCHING WEB

Line(s) of business submitted:

- INLAND MARINE / PROPERTY
- UMBRELLA /EXCESS
- COMMERCIAL GENERAL LIABILITY
- CONTRACTORS POLLUTION
- COMMERCIAL AUTO LIABILITY

1. Primary states/provinces in which applicant's business is conducted: _____

2. Provide an estimated breakdown of payroll and gross receipts as outlined below:

** - please describe operations in full detail

Operations	Payroll	Annual Gross Receipts
Shaft Sinking	\$	\$
Pile Driving - Building Foundation Only	\$	\$
Pile Driving - Other	\$	\$
Drilling - Other Than Water	\$	\$
Excavation	\$	\$
OTHER**	\$	\$
OTHER**	\$	\$
(**1)		
(**2)		
(**3)		
(**4)		
(**5)		

Describe any work on or adjacent to bodies of water, including dams and bridge work:

Describe any Blasting/Demolition & Wrecking and/or Mining Operations:



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3. What percentage of your work is subcontracted?

4. Does the applicant lease or rent equipment from others?

- Yes
- No

(a) If so, what type of equipment?

(b) What are the average expenditures for equipment leased or rented from others? \$

5. Loss Control and Maintenance:

(a) Is a written loss control and job site safety plan updated regularly?

- Yes
- No

(b) Does the loss control and job site safety plan address set-up near powerlines?

- Yes
- No

(c) Are there Post Construction procedures in place including documentation, integrity testing, and any required report filings?

- Yes
- No

(d) Is one employee responsible for safety program?

- Yes
- No

If yes, name: _____

(e) Are weekly safety meetings held with field employees?

- Yes
- No

(f) Is there a screening or reference process for new operators?:

- Yes
- No

(g) Is there a minimum age for operators?

- Yes
- No

(h) Is there a scheduled maintenance program?

- Yes
- No

(i) Is there a written form for equipment inspections which is kept on file:

- Yes
- No

(j) Is equipment certified:
If so, how often and by whom?

- Yes
- No

(k) Are operators certified?
If so, by whom?

- Yes
- No

(l) Are Certificates of Insurance required from lessees on bare rentals?

- Yes
- No

(m) Do you order MVR's on all drivers/operators?

- Yes
- No

9. Do you use or have exposure to radioactive material?

- Yes
- No



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If yes, please describe and include protective measures:

6. Describe the use of any explosives in conjunction with your operations:

7. Describe procedures when working with hazardous materials (ie...acids):

8. Do you or anyone working on your behalf perform services relating to surveying underground structures or formations?

Yes
 No

Safety—Attach copy of safety program

Name of Safety director:

Safety Director reports to:

Years with organization:

Years in the safety field:

% of time spent on Safety:

Describe the Safety Director's Duties:

Describe any safety award program(s);

How often are safety meetings held?

Submission Requirements

INLAND MARINE / PROPERTY / GENERAL LIABILITY	COMMERCIAL AUTO	UMBRELLA / EXCESS
ACORD SECTIONS	ACORD SECTIONS	ACORD SECTIONS
NBIS SUPPLEMENTAL APPLICATION	FIVE YEARS CURRENT LOSS RUNS	NBIS SUPPLEMENTAL APPLICATION
FIVE YEARS CURRENTLY VALUE LOSS HISTORY	VEHICLE SCHEDULE WITH COST NEW	VEHIICLE SCHEDULE
EQUIPMENT SCHEDULE	DRIVER SCHEDULE	UNDERLYING CGL QUOTATION
OPERATOR CERTIFICATIONS	MOTOR VEHICLE REPORTS - ALL DRIVERS	UNDERLYING AUTO QUOTATION
EQUIPMENT INSPECTIONS		EMPLOYER'S LIABILITY CARRIER/LIMIT
SAFETY PROGRAM		FIVE YEAR LOSS SUMMARY EACH LINE
LEASE / RENTAL AGREEMENT		



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ATTENTION:

1. THE APPLICANT WARRANTS THAT THE ABOVE STATEMENTS AND PARTICULARS, TOGETHER WITH ANY ATTACHED OR APPENDED DOCUMENTS OR MATERIALS ("THIS APPLICATION"), ARE TRUE AND COMPLETE AND DO NOT MISREPRESENT, MISSTATE OR OMIT ANY MATERIAL FACTS.
2. THE APPLICANT UNDERSTANDS THAT THE COMPANY RELIED UPON THE INFORMATION CONTAINED WITHIN THIS APPLICATION TO DETERMINE ACCEPTABILITY, RATES AND COVERAGE.
3. THE APPLICANT UNDERSTANDS THAT ANY MISREPRESENTATION OR OMISSION SHALL CONSTITUTE GROUNDS FOR RESCISSION OF COVERAGE AND DENIAL OF CLAIMS, OR, AT THE OPTION OF THE COMPANY, THE ASSESSMENT OF ADDITIONAL PREMIUM CHARGES. THE APPLICANT REPRESENTS AND WARRANTS TO THE COMPANY THAT, IF A POLICY IS ISSUED TO THE APPLICANT, THE APPLICANT WILL COOPERATE WITH THE COMPANY IN CONNECTION WITH ANY INSPECTION, PREMIUM AUDIT AND IN ALL OTHER RESPECTS AS REQUIRED UNDER THE POLICY.
4. THE APPLICANT UNDERSTANDS THE COMPANY IS NOT OBLIGATED NOR UNDER ANY DUTY TO ISSUE A POLICY OF INSURANCE BASED UPON THIS APPLICATION. THE APPLICANT FURTHER UNDERSTANDS THAT, IF A POLICY IS ISSUED, THIS APPLICATION WILL BE INCORPORATED INTO AND FORM A PART OF SUCH POLICY.
5. IF THE APPLICANT BECOMES AWARE THAT ANY RESPONSE ON THIS APPLICATION IS INACCURATE AS A RESULT OF INFORMATION OR CHANGE OF CIRCUMSTANCES BEFORE A POLICY IS ISSUED, THE APPLICANT MUST INFORM THE COMPANY OF SUCH CHANGE, IN WRITING, AND ANY POLICY ISSUED BEFORE SUCH NOTIFICATION IS SUBJECT TO IMMEDIATE CANCELLATION.
6. THE APPLICANT AUTHORIZES THE COMPANY TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THE APPLICATION AS IT MAY DEEM NECESSARY.

THE UNDERSIGNED, BEING AUTHORIZED BY AND ACTING ON BEHALF OF THE PROSPECTIVE INSUREDS, REPRESENTS THAT THE ANSWERS GIVEN ARE TRUE. FAILURE TO PROVIDE TRUTHFUL ANSWERS AND ALL MATERIAL INFORMATION CAN RESULT IN THE COMPANY ELECTING TO CANCEL, REFORM AND/OR RESCIND THE POLICY.

("APPLICANT", "YOU", "YOUR" AND SIMILAR WORDS REFER TO THE PROSPECTIVE INSURED)

THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN POLICIES ISSUED BY THE COMPANY VARY SIGNIFICANTLY FROM THOSE CONTAINED IN MANY OTHER LIABILITY INSURANCE POLICIES. THE POLICY FORM ISSUED BY THE COMPANY PROVIDES COVERAGE THAT MAY BE MORE LIMITED THAN THAT AVAILABLE UNDER THE "ISO" INSURANCE POLICY OR SIMILAR TYPES OF POLICIES. YOU SHOULD CAREFULLY REVIEW THE ENTIRE POLICY WITH YOUR AGENT, LEGAL COUNSEL OR OTHER INSURANCE PROFESSIONAL TO MAKE SURE THAT YOU UNDERSTAND THE COVERAGE IT PROVIDES, AND YOUR RIGHTS AND OBLIGATIONS UNDER THE POLICY.

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.

SIGNATURE OF APPLICANT

TITLE (OFFICER, MANAGER, PARTNER, OWNER)

SIGNATURE OF BROKER

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