



EXCAVATORS AND GRADING OF LAND SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

Location Address: _____

1. Description of operation: _____

How long have you been in business? _____ Full-time Part-time

Years of experience in this field? _____

2.

Employee Data	Number	Annual Payroll
Owner(s) only		\$
Full-time		\$
Part-time		\$

Leased or Subcontracted	Number	Annual Cost
Leased Employees		\$
Independent Contractors		\$

3. Projected annual sales: \$ _____

4. Does applicant or their subcontractors use explosives? Yes No
 (If applicable, complete Blasting Contractors Supplemental Application, GLS-APP-67s.)

5. Does applicant make a thorough study of the subsurface, including identification of existing utility pipes and lines, prior to any digging? Yes No

6. Is all self-propelled mobile equipment transported to job sites by trailer? Yes No

7. If shoring is required on a job, does applicant use OSHA approved equipment and techniques? Yes No

8. Does applicant stabilize soil with lime or concrete? Yes No

9. Does applicant perform underpinning operations? Yes No

10. Does applicant have sufficient signs, barricades and fences to keep non-employees at a safe distance from job sites and equipment? Yes No

11. Equipment is: owned or rented
 (If rented, attach a copy of the certificate of insurance from the rental company.)

12. Does applicant confirm neighboring properties are properly underpinned or stabilized prior to excavating? Yes No

13. Does applicant have snow/ice removal operations? Yes No
 If yes: Annual payroll from snow/ice removal: \$ _____
 Any snow/ice removal operations on public streets or roads? Yes No

14. **Any underground tanks, petroleum products, LPG, flammable liquids, ammunition or explosives stored on premises?** Yes No
 If yes, type and quantity stored: _____
15. **Does applicant do excavation for swimming pools?**..... Yes No
 If yes, advise payroll: \$_____ and receipts: \$_____.
16. **Any equipment loaned, leased or rented to others without operator?**..... Yes No
 If yes, describe type of equipment: _____
 Annual rental (with operator) receipts: _____ Annual rental (without operator) receipts: _____
17. **Does applicant subcontract work?** Yes No
 If yes, state type of work: _____
18. **Are certificates of insurance obtained from subcontractors?** Yes No
 If yes, limits of liability required on certificates: _____
19. **Any work involving underground storage tank installation or removal; tunneling; earthen dam construction; river channeling or re-channeling; mining; work on landfills; public street or road construction; or water main, sewer or pipeline construction?** Yes No
 If yes, describe: _____

20. **Site preparation for residential?** Yes No
 If yes:
 Any single family home developments with more than twelve (12) home sites? Yes No
 Any condominiums or townhouses? Yes No
21. **Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?**..... Yes No
 If yes, describe: _____

22. **Does applicant have other business ventures for which coverage is not requested?**..... Yes No
 If yes, explain and advise where insured: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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 applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO LOUISIANA APPLICANTS: 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 is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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 or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: 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 is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____



CREATIVE UNDERWRITERS CORPORATION
140 EAST MAIN STREET, CARMEL, IN 46032
1-800-769-4321 • Fax (317) 571-5767
E-mail: P&C@CreativeUnderwriters.com

Commercial Package Application

Applicant's Name: _____

 Mailing Address: _____

Agent Name: _____
 Address: _____

PROPOSED EFFECTIVE/EXPIRATION DATES:

From _____ To _____
 12:01 A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Number of years in business:** _____
3. **Describe all business operations conducted by applicant:** _____

PROPERTY SECTION

4. **Premises information:**

Loc. No.	Street, City, County, State, Zip Code						Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions	
	Building	\$				\$		
	Contents	\$				\$		
	Business Interruption	\$				\$		
	Other	\$				\$		
Bldg. No.	Mortgagee or loss payee:							
	Additional coverages, restrictions and endorsement information:				Other carriers participating on risk:			
				1. _____ %				
				2. _____ %				

- **Construction type:** _____
- **Protection class:** _____
- **Number of stories:** _____
- **Total square foot area:** _____
- **Total number of units:** _____
- **Sprinklered?** Yes No
- **Operable smoke detectors?** Yes No
- **Year built:** _____

- **Building remodeling (include year):**
- Wiring? Yes No Year: _____
- Heating? Yes No Year: _____
- Plumbing? Yes No Year: _____
- Roof? Yes No Year: _____
- **Burglar alarm type:** Local Central Station
- **Fire alarm type:** Local Central Station

GENERAL LIABILITY SECTION

5.

Limits of Liability Requested		Premiums
General Aggregate	\$	Premises/Operations \$
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations \$
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other \$
Medical Expenses (any one person)	\$	
Other Coverages, Restrictions and/or Endorsements	\$	Total
Deductible	\$	\$

Schedule of Hazards

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales; (p) Payroll; (a) Area; (c) Total Cost; (t) Others	Terr.	Rate		Premium	
					Prem./Ops.	Products/ Comp. Ops.	Prem./Ops.	Products/ Comp. Ops.

6. Previous carrier and loss information (last three years):

Check if no losses last three years

Year	Company	Policy No.	Premium	Date of Loss	Losses Paid/Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or non-renewed during the prior three years? Why? (Not Applicable in Missouri)		

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

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APPLICANT'S SIGNATURE: _____ Date _____

PRODUCER'S SIGNATURE: _____ Date _____

Agent Name: _____ Agent License Number: _____

(Applicable to Florida Agents only.)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.