



SCOTTSDALE INSURANCE COMPANY®

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Administrative Office:

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Excavators and Grading of Land Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

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

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. Operations:

a. Does applicant or their subcontractors use explosives? Yes No
If so, describe: _____

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

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

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

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

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

Equipment is: owned or rented

If rented, attach a copy of the certificate of insurance from the rental company.

g. Does applicant do off-season snow plowing? Yes No
If yes, annual receipts from snow plowing: \$ _____

Who do they plow for? _____

h. Any underground tanks, petroleum products, LPG, flammable liquids, ammunition or explosives stored on premises? Yes No

If yes, type and quantity stored: _____

- i. Any equipment loaned, leased or rented to others?..... Yes No
 If yes, describe type of equipment: _____
 Annual rental (with operator) receipts: _____ Annual rental (without operator) receipts: _____
- j. Does applicant subcontract work?..... Yes No
 If yes, state type of work: _____
- k. Are certificates of insurance obtained from subcontractors?..... Yes No
 If yes, limits of liability required on certificates: _____
- l. Any work completed involving underground storage tank installation or removal; tunneling; earthen dam construction; river channeling or re-channeling; mining; work on landfills; street or road construction; or water main, sewer or pipeline construction? Yes No
 If yes, describe: _____

- m. Site preparation for houses?..... Yes No
 Site preparation for condominiums or townhouses? Yes No
- n. Does applicant have other business ventures for which coverage is not requested?..... Yes No
 If yes, explain and advise where insured: _____

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.

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.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: _____