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1. APPLICANT NAME

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2. CITY / STATE

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3. YEARS IN BUSINESS \_\_\_\_\_ OPERATED UNDER ANY OTHER NAME IN PAST 5 YEARS:  YES  NO

4. APPLICANT OPERATES IN THE FOLLOWING STATES:

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5. APPLICANT OPERATIONS (CHECK ALL THAT APPLY):

A. INITIAL / MAIN LINE CONSTRUCTION / INSTALLATION  YES % OF WORK \_\_\_\_\_  NO

1) UNDERGROUND INSTALLATION:  YES MAXIMUM DEPTH (INCHES) \_\_\_\_\_  NO

B. HOUSE CONNECTIONS  YES % OF WORK \_\_\_\_\_  NO

C. OTHER OPERATIONS – DESCRIBE:

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D. NUMBER OF OWNERS / PARTNERS / EXECUTIVE OFFICERS: \_\_\_\_\_

E. NUMBER OF EMPLOYEES: \_\_\_\_\_ EMPLOYEE PAYROLL (EXCL. OWNER): \$ \_\_\_\_\_

F. DOES THE APPLICANT SUBCONTRACT WORK TO OTHERS?  YES  NO  
IF ANSWERED YES:

1) PERCENTAGE OF WORK SUBCONTRACTED TO OTHERS \_\_\_\_\_%

2) SUBCONTRACTOR COSTS: \$ \_\_\_\_\_

G. TYPE OF WORK SUBCONTRACTED:

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H. DOES APPLICANT RECEIVE INSURANCE CERTIFICATES FROM ALL SUBCONTRACTORS?  YES  NO

I. MINIMUM CGL LIMITS REQUIRED OF SUBS: \$ \_\_\_\_\_ OCCURRENCE \$ \_\_\_\_\_ AGGREGATE

J. DOES THE APPLICANT HAVE WRITTEN AGREEMENTS WITH ALL SUBCONTRACTORS?  YES  NO

K. DOES THE AGREEMENT INCLUDE A HOLD HARMLESS CLAUSE IN APPLICANTS FAVOR?  YES  NO

L. IS THE SUBCONTRACTOR REQUIRED TO NAME THE APPLICANT AS ADDITIONAL INSURED?  YES  NO

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6. RECEIPTS AND PAYROLL HISTORY	GROSS RECEIPTS	GROSS PAYROLL	SUBCONTRACT COST
A. ESTIMATED NEXT 12 MONTHS	\$ _____	\$ _____	\$ _____
B. PAST 12 MONTHS	\$ _____	\$ _____	\$ _____

7. APPLICANT CUSTOMERS – LIST SERVICE PROVIDERS / CUSTOMERS YOU WORK FOR:

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8. ESTIMATED NUMBER OF ADDITIONAL INSURED ENDORSEMENTS NEEDED \_\_\_\_\_

9. DOES THE APPLICANT USE A LINE LOCATOR SERVICE TO MARK UNDERGROUND LINES PRIOR TO DIGGING?

YES       NO      IF NOT, WHO IS RESPONSIBLE FOR MARKING LINES?

10. IS YOUR WORK DONE UNDER A WRITTEN CONTRACT WITH YOUR CUSTOMER?       YES       NO

A. IF YES – **PLEASE INCLUDE A COPY OF THE CONTRACT(S) WITH THIS SUPPLEMENT**

11. DO YOU CARRY WORKERS' COMPENSATION INSURANCE?       YES       NO

12. IS THE APPLICANT AWARE OF ANY INCIDENT OR CIRCUMSTANCE THAT MIGHT GIVE RISE TO A CLAIM OR LAWSUIT?       YES       NO

A. IF YES, PLEASE PROVIDE DETAILS:

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INFORMATION CONTAINED HEREIN IS RELIED UPON IN DETERMINATION OF INSURABILITY. THE UNDERSIGNED THEREFORE WARRANTS THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF HIS OR HER KNOWLEDGE, INFORMATION AND BELIEF.

SIGNATURE OF APPLICANT

TITLE

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PRINTED NAME

DATE

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