

# SCOTTSDALE

SURPLUS LINES INSURANCE COMPANY

8877 North Gainey Center Drive • Scottsdale, Arizona 85258  
1-800-423-7675 • Fax (480) 483-6752  
www.scottsdaleins.com

## Adult Day Care General Liability Application

Applicant's Name _____	Agency Name _____
Mailing Address _____	Agent _____
_____	Address _____
Location _____	_____
_____	E-Mail _____
Web Site Address _____	Phone _____

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

**Applicant is:** ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture  
☐ Limited Liability Company ☐ Other (Specify): \_\_\_\_\_

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 Expense (any one person)	\$	\$
Other Coverages, Restrictions, and/or Endorsements		Total
Deductible	\$	\$

- A. Number of years in business? \_\_\_\_\_
- B. Is applicant licensed? ..... ☐ Yes ☐ No  
Is a license required by the state? ..... ☐ Yes ☐ No
- C. What is maximum number of clients permitted by license? \_\_\_\_\_
- D. What is maximum number of clients on premises at any one time? \_\_\_\_\_  
Average daily attendance? \_\_\_\_\_
- E. Please describe all the activities at this facility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- F. Indicate type of facility: ☐ Social ☐ Medical ☐ Mental
- G. Indicate type of counseling, if any, provided: ☐ Financial ☐ Medical

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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

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: \_\_\_\_\_

## SUPPLEMENTAL QUESTIONNAIRE

### Hired Auto Coverage

Complete if hired auto coverage is desired.

1. Does applicant own any commercial vehicles?.....☐ Yes ☐ No  
Number of employees: \_\_\_\_\_ Web site address: \_\_\_\_\_
2. Why is hired auto coverage being requested? \_\_\_\_\_  
\_\_\_\_\_
3. Number of hired autos: \_\_\_\_\_
4. Types of autos hired: \_\_\_\_\_  
How are they used? \_\_\_\_\_  
What is gross vehicle weight of commercial autos? \_\_\_\_\_  
What is passenger capability of public autos? \_\_\_\_\_
5. What is the average term of lease? \_\_\_\_\_
6. What is the maximum distance in which a hired auto may be driven from the premises?
7. Does the applicant lease, hire, rent or borrow any auto, other than a private passenger type auto, owned or leased by the applicant's employees, partners or members of their household?.....☐ Yes ☐ No  
If yes, give details and how many: \_\_\_\_\_  
\_\_\_\_\_
8. Does any agent, independent contractor, or employee lease autos in the applicant's name? .....☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
9. At any time will you subcontract out work? .....☐ Yes ☐ No  
If yes, what work is subcontracted? \_\_\_\_\_  
\_\_\_\_\_  
Cost to subcontract: \_\_\_\_\_
10. Estimated cost of hired autos:  
This year: \$ \_\_\_\_\_ Last Year: \$ \_\_\_\_\_  
Is the applicant involved in any arrangements for the borrowing or bartering for the use of autos?.....☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
11. What percentage of the hired autos' revenue is paid to owners of the autos? ..... %
12. Are drivers to be provided by the applicant to operate hired autos?.....☐ Yes ☐ No  
If no, will the drivers be required to provide Certificates of Insurance?.....☐ Yes ☐ No  
What are the minimum liability limits required by the lessee (applicant)? \_\_\_\_\_
13. Will the applicant be named as an additional insured on the lessor's policy?.....☐ Yes ☐ No
14. Does the applicant own or control any subsidiary or is it affiliated with any other corporation?.....☐ Yes ☐ No  
If yes, are vehicles leased from the subsidiary or affiliate? \_\_\_\_\_