

SURPLUS LINES INSURANCE COMPANY

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

Excavators and Grading of Land Supplemental Application

(Complete in addition to ACORD General Liability Application)

Nam	e of Applicant:				
Web	site Address:				
1. H	How long have you been in business	? Full-time	☐ Part-time		
2.	Employee Data	Number	Annual Payroll		
	Owner(s) only		\$		
	Full-time		\$		
	Part-time		\$		
Γ	Leased or Subcontracted	Number	Annual Cost		
ļ	Leased Employees		\$		
	Independent Contractors		\$		
(Does applicant make a thorough study of the subsurface, including identification of existing utility pipes and lines, prior to any digging?				
	Does applicant stabilize soil with lime or concrete?				
	Does applicant have sufficient signs, barricades, and fences to keep non-employees at a safe distance from job sites and equipment?				
,	•		•		
,	. Does applicant do off-season snow plowing? Yes ☐ N If yes, annual receipts from snow plowing: \$				
	Who do they plow for?				
i	h. Any underground tanks, petrole	um products, LPG, flammable liquids,	ammunition or explosives		

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 subcontr	actors?	Yes No	
	If yes, limits of liability required on certificates:			
l.	I. 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?			
m.	Site preparation for houses?			
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n.	Does applicant have other business ventures for what If yes, explain and advise where insured:			
Any pe surance formation	cable in the state of New York: erson who knowingly and with intent to defraud any e or statement of claim containing any materially fal on concerning any fact material thereto, commits a to a civil penalty not to exceed five thousand dollars	se information, or conceals for the purpose of fraudulent insurance act, which is a crime, ar	f misleading, in- nd shall also be	
FRAU	WARNING:			
surance mation	erson who knowingly and with intent to defraud any e or statement of claim containing any materially fals concerning any fact material thereto commits a fr to criminal and civil penalties.	e information or conceals for the purpose of mandulent insurance act, which is a crime and	nisleading, infor-	
PRODUCER'S SIGNATURE:		DATE:		
APPLICANT'S SIGNATURE:		DATE:		
AGENT NAME:		AGENT LICENSE NUMBER:		
	(Applicable to Fl	orida Agents Only.)		
IOWA	LICENSED AGENT:			