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EXCAVATION/GRADING OF LAND PROGRAM SUPPLEMENT
 (Include Acord application)

Applicant's Name: _____ Location Address: _____
 Mailing Address: _____

How long in business under this name? _____ Years of experience in this field: _____
 Individual Partnership Corporation Other
 Is applicant properly licensed where required by law? Yes No License Number: _____
 Number of active owners/officers/partners: _____ Number of employees: _____

Estimated annual: Payroll (excl. owner) \$ _____ Receipts \$ _____ Sub Costs: \$ _____

Does applicant carry Workers' Compensation coverage? Yes No
 Does applicant lease employees from others? Yes No If yes, please provide payroll: \$ _____
 Does applicant subcontract work to others? Yes No If yes, are certificates of insurance obtained? Yes No
 Do subcontractors name the applicant as additional insured? Yes No

List subcontractor trades used with costs and percentage of operations					
Trade	Cost	%	Trade	Cost	%

If shoring is required for a job, does applicant use OSHA approved equipment and techniques? Yes No
 Is all self propelled mobile equipment transported to job site by trailer? Yes No
 Any explosives, flammables, or LPG used? Yes No
 If yes, how are they stored? _____
 Does applicant use any explosives? Yes No
 If yes, please describe: _____
 Does applicant make a study of the subsurface and identify existing utility lines prior to digging? Yes No
 Any equipment loaned, rented, or leased to others? Yes No
 Please explain: _____
 What is the maximum depth the applicant will dig? _____ Any off season snow plowing? Yes No
 Please provide full details on site protection/security: _____

List percentage of operations under the following			
Dam construction		Removal of underground fuel storage tanks	
Equipment rental with operator		River rechanneling	
Equipment rental without operator		Sewer and/or water main construction	
Landfills		Street and/or road construction	
Mining		Site preparation – residential	
Pipelines		Tunneling	

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature _____ Producer's Signature _____ Date _____