Excavators and Grading of Land Supplemental Application
(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____________________________________________________________________________________________________

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

2. 

<table>
<thead>
<tr>
<th>Employee Data</th>
<th>Number</th>
<th>Annual Payroll</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner(s) only</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Full-time</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Part-time</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Leased or Subcontracted</td>
<td></td>
<td>Annual Cost</td>
</tr>
<tr>
<td>Leased Employees</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Independent Contractors</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

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 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.
   f. Does applicant do off-season snow plowing? ........................................................................................... ☐ Yes ☐ No
      If yes, annual receipts from snow plowing: $ ______________________________________________________________________
      Who do they plow for? ________________________________________________________________________________
   g. Any underground tanks, petroleum products, LPG, flammable liquids, ammunition or explosives stored on premises? ........................................................................................................ ☐ Yes ☐ No
      If yes, type and quantity stored: ___ ______________________________________________________________________
   h. Any equipment loaned, leased or rented to others? .................................................................................... ☐ Yes ☐ No
      If yes, describe type of equipment and annual rental receipts: ____________________________________________
   i. Does applicant subcontract work? ........................................................................................................... ☐ Yes ☐ No
      If yes, state type of work: ____________________________________________________________________________
   j. Are certificates of insurance obtained from subcontractors? ..................................................................... ☐ Yes ☐ No
4. Operations (continued):
   k. Any work completed involving underground storage tank 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: __________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   l. Site preparation for residential housing? ............................................................................. □ Yes □ No

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.)