



Pennock Insurance, Inc.

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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: _____

Location Address: _____

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

2.

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. Does applicant or their subcontractors use explosives?..... Yes No
(If applicable, complete Blasting Contractors Supplemental Application GLS-APP-67s.)

5. Does applicant make a thorough study of the subsurface, including identification of existing utility pipes and lines, prior to any digging? Yes No

6. Is all self-propelled mobile equipment transported to job sites by trailer? Yes No

7. If shoring is required on a job, does applicant use OSHA approved equipment and techniques? . Yes No

8. Does applicant stabilize soil with lime or concrete?..... Yes No

9. Does applicant have sufficient signs, barricades and fences to keep non-employees at a safe distance from job sites and equipment? Yes No

10. Equipment is: owned or rented

If rented, attach a copy of the certificate of insurance from the rental company.

11. **Does applicant have snow removal operations?**..... Yes No
 If yes: Annual payroll from snow plowing: \$ _____
 Any snow/ice removal operations on public streets or roads?..... Yes No
12. **Any underground tanks, petroleum products, LPG, flammable liquids, ammunition or explosives stored on premises?**..... Yes No
 If yes, type and quantity stored: _____
13. **Does applicant do excavation for swimming pools?** Yes No
 If yes, advise payroll: \$ _____ and receipts: \$ _____.
14. **Any equipment loaned, leased or rented to others without operator?** Yes No
 If yes, describe type of equipment: _____
 Annual rental (with operator) receipts: _____ Annual rental (without operator) receipts: _____
15. **Does applicant subcontract work?** Yes No
 If yes, state type of work: _____
16. **Are certificates of insurance obtained from subcontractors?** Yes No
 If yes, limits of liability required on certificates: _____
17. **Any work involving underground storage tank installation or removal; tunneling; earthen dam construction; river channeling or re-channeling; mining; work on landfills; public street or road construction; or water main, sewer or pipeline construction?** Yes No
 If yes, describe: _____

18. **Site preparation for houses?** Yes No
 Site preparation for condominiums or townhouses?..... Yes No
19. **Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** Yes No
 If yes, describe: _____

20. **Does applicant have other business ventures for which coverage is not requested?** Yes No
 If yes, explain and advise where insured: _____

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. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____