



# Utility contractors supplemental

- Please complete this application and answer all questions, and sign/date
- An incomplete application cannot be processed. “any” is not an acceptable response. Completion of this application neither binds coverage nor guarantees that a policy will be issued

## General information

|                  |                                                                                                            |
|------------------|------------------------------------------------------------------------------------------------------------|
| Applicant Name:  |                                                                                                            |
| Mailing Address: |                                                                                                            |
| Effective date   | From <input type="text"/> To <input type="text"/> 12:01 AM., Standard Time at the address of the applicant |
| Website address  |                                                                                                            |

## Historical exposures

|                    | Estimated | Current year | Previous year |
|--------------------|-----------|--------------|---------------|
| <b>Sales</b>       |           |              |               |
| <b>Payroll</b>     |           |              |               |
| <b>Sub-costs</b>   |           |              |               |
| <b>Employees</b>   |           |              |               |
| <b>Fleet Count</b> |           |              |               |

1. Number of years in business?

2. Description of operations:

3. Breakout of operations via the following services:

a. New Utility Line Construction: \_\_\_\_\_ %

b. Utility Line Servicing or Repair: \_\_\_\_\_ %

4. Does the insured perform any work in metropolitan areas?  Yes  No

If yes, what percentage of work: \_\_\_\_\_ %

5. Does the insured perform residential work?  Yes  No

a. If yes, what percentage of work is residential? \_\_\_\_\_ %

b. If yes, what percentage of work is utility final hookups to residential properties? \_\_\_\_\_ %

6. Type of Utility Line (Select all that apply):

|                                                           |                       |
|-----------------------------------------------------------|-----------------------|
| <input type="checkbox"/> Electric Power lines             | _____ % of Total Ops. |
| <input type="checkbox"/> Telecommunication Line           | _____ % of Total Ops. |
| <input type="checkbox"/> Fiber Optic Lines                | _____ % of Total Ops. |
| <input type="checkbox"/> Gas/Oil/Steam Distribution Lines | _____ % of Total Ops. |
| <input type="checkbox"/> Sewers or Drain Lines            | _____ % of Total Ops. |
| <input type="checkbox"/> Drinking Water Lines             | _____ % of Total Ops. |
| <input type="checkbox"/> Other: _____                     | _____ % of Total Ops. |

a. Percentage of lines that are transmission lines: \_\_\_\_\_ %

b. Percentage of lines that are distribution lines: \_\_\_\_\_ %

7. Is the applicant licensed?  Yes  No

a. If yes, type in license(s): \_\_\_\_\_

8. States performing work: \_\_\_\_\_

9. Annual employee turnover percentage: \_\_\_\_\_ %

## Underground operations (If not applicable, please check )

10. Total percentage of overall operations:

Percentage of Traditional Excavation work: \_\_\_\_\_ %

Percentage of Hydro/Air Excavation work: \_\_\_\_\_ %

Percentage of Directional Drilling / Boring: \_\_\_\_\_ %

11. Does the insured utilize a third party to mark underground lines before every job?  Yes  No

12. Does the insured review underground utility drawings and blueprints from the utility company?

Yes  No

13. Does the insured have a formal Fire Protection or Emergency Plan Program for natural gas leaks?

Yes  No

14. Is the insured utilizing potholing techniques or safety precautions prior to drilling?  Yes  No

15. Does the insured perform any welding work?  Yes  No

a. If yes, advise total percentage of overall operations: : \_\_\_\_\_ %

b. If yes, elaborate on welding operations: \_\_\_\_\_

c. Is there any hot tap work?  Yes  No

## Overhead operations (If not applicable, please check )

16. Breakout of operations via the following:

a. Distribution Powerlines: \_\_\_\_\_ %

b. Transmission Powerlines: \_\_\_\_\_ %

c. Erection of Poles or Towers: \_\_\_\_\_ %

17. Average height of powerline work: \_\_\_\_\_ ft

18. Maximum height of powerline: \_\_\_\_\_ ft

19. Is the insured contracted to perform Tree Trimming?  Yes  No

If yes, how often is this the only service performed? \_\_\_\_\_ % of Total Operations

## Loss control and prevention

20. Does the insured have a safety program?  Yes  No

21. Elaborate on the Insured's Site-Specific Safety Assessments and Procedures:

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22. Person assigned to maintain and implement safety procedures:

a. Name \_\_\_\_\_

b. Title: \_\_\_\_\_

23. Does the insured have a safety supervisor at every site?  Yes  No

24. How are your servicing operations contracted?

a. Master Service Agreements? \_\_\_\_\_ %

• What % of agreements contain a hold harmless agreement in the applicant's favor: \_\_\_\_\_ %

• What % of agreements contain a hold harmless agreement in the client's favor: \_\_\_\_\_ %

• What % of agreements contain a mutual hold harmless agreement: \_\_\_\_\_ %

b. Individual job order/purchase order? \_\_\_\_\_ %

25. How many years of relevant industry experience are new hires required to have: \_\_\_\_\_ yrs

26. Elaborate on new-hire training procedures:

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## Subcontractor information

1. Describe any work performed by subcontractors:

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2. Certificate of Insurance:

- a. Does the insured obtain and have on file?  Yes  No
- b. Is the applicant added as an additional insured on the subcontractor's policies?  Yes  No
- c. What are the minimum General Liability and Pollution Liability limits required?

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3. Are indemnification and hold harmless agreement received from all subcontractors?  Yes  No

The applicant agrees, represents, and warrants that the statements and information contained in this application for insurance, including all statements, information and documents accompanying or relating to this application are accurate and complete and no facts have been suppressed, omitted, or misstated. Any failure to fully disclose the information requested in this application for insurance, whether by omission or suppression, or any misrepresentation in the statements and information contained in this application, including all statements, information and documents accompanying or relating to this application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

**Applicants signature**

**Title of applicant**

**Date**

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## Helping you do more

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