

ELECTRICAL CONTRACTORS SUPPLEMENTAL APPLICATION

This Supplemental Application along with all other requested Donegal Insurance Group Applications and/or ACORD Applications constitute the Application for Insurance.

A. APPLICANT INFORMATION

Applicant Name¹: _____ Web Site Address: _____
 Quote/Policy Number: _____ Date Quote Needed: _____
 Agency Name and Number: _____ Effective Date: _____

¹ Whenever used in this Application, the term "Applicant" includes all firm names, trading names, 'Doing Business As' (DBA) names, and if incorporated, the Parent Corporation and all of its subsidiaries, unless stated to the contrary in the Remarks section of this Application.

B. GENERAL INFORMATION

1. Describe the operation by providing the percent of total operations resulting from each item listed under the four groups below.

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>a.) Residential: _____ %</p> <p>Commercial: _____ %</p> <p>Industrial: _____ %</p> <p>Institutional: _____ %</p> | <p>b.) Sales (Retail/Wholesale): _____ %</p> <p>Installation-New Construction: _____ %</p> <p>Installation-Existing Building: _____ %</p> <p>Repair/Service: _____ %</p> |
| <p>c.) Lighting/Fixture/Appliance Service: _____ %</p> <p>Low Voltage/Fiber Optics (VDV): _____ %</p> <p>Traffic/Railway Signals: _____ %</p> <p>Distribution/Transmission Lines: _____ %</p> <p>Electrical Apparatus (switch gear, transformers, etc.): _____ %</p> <p>Distribution/Transmission Lines: _____ %</p> <p>Underground Utility: _____ %</p> <p>Underwater Electrical Work: _____ %</p> <p>Line or Pole Work: _____ %</p> | <p>Airport (including runways): _____ %</p> <p>Fire/Security Alarm Lines: _____ %</p> <p>High Voltage (over 480 volts): _____ %</p> <p>Passenger/Freight Elevator: _____ %</p> <p>Selling/Designing/Monitoring Of Alarm Systems: _____ %</p> <p>Electrical Utility Company Work (substations, etc.): _____ %</p> <p>Towers/Antennas Erection: _____ %</p> <p>Building Automation Systems: _____ %</p> |
| <p>d.) Operating as a Prime Contractor: _____ %</p> <p>Operating as a Sub-Contractor: _____ %</p> | |

2. Is the applicant a member of any trade affiliation? Yes No
 If yes, describe: _____

3. Is 24-hour emergency service provided? Yes No

4. Does applicant subcontract out any work? Yes No
 If yes, indicate:

- a. Operations performed by subcontractor(s): _____
- b. Total cost of subcontracted work past year: _____
- c. Are certificates of insurance obtained from all subcontractors? Yes No
- d. Do any subcontractors carry coverages or limits less than the applicant's? Yes No

5. a. Is applicant required to provide the *Additional Insured-Completed Operations* endorsement for any tract homebuilder? Yes No
- b. Please list tract homebuilders that applicant performs work for: _____

6. Is there a lockout/tagout procedure in place per OSHA guidelines? Yes No

7. Any excavation? Yes No

If yes, complete the following:

a. Is the appropriate Public Utility Inquiry Phone Number called prior to digging in order to locate underground utility lines? Yes No

b. Are records kept of the inquiry and visual evidence of the markings? Yes No

c. Are excavations marked and guarded at the end of each day? Yes No

d. Is there ever excavation or work to be done in trenches below four feet deep? Yes No

If yes, are OSHA guidelines followed for all excavations or trenches below four feet deep in which employees could potentially be exposed to cave-ins? Yes No

Please check trenching risk controls that are used: Yes No

Sloping or Benching

Yes No

Shoring or Bracing

Yes No

Shield Placement

Yes No

Use of Competent Person

Yes No

e. What is the maximum depth of excavation? _____ ft.

8. Is high voltage work performed? Yes No

If yes, describe safety training and protection provided: _____

9. Check any loss prevention controls in place:

Safety committee

Posted physicians panels

Light duty return to work program

Written safety program

"Tool Box" safety talks

Other (Describe): _____

10. List largest jobs in progress.

	Customer Name	Location/Description	Cost
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

11. List largest jobs completed within the past year.

	Customer Name	Location/Description	Cost
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

REMARKS: