

**EXCAVATION / GRADING OF LAND 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.

- | | |
|--|--------------------------------------|
| a.) Residential: _____ % | d.) Excavation: _____ % |
| Commercial: _____ % | Grading of Land: _____ % |
| Industrial: _____ % | Water or Sewer Lines: _____ % |
| Institutional: _____ % | Gas Mains: _____ % |
| | Street or Road Construction: _____ % |
| b.) New Construction: _____ % | Street or Road Paving: _____ % |
| Remodeling: _____ % | Septic Tank Installation: _____ % |
| Repair/Service: _____ % | Septic Tank Cleaning: _____ % |
| | Foundations: _____ % |
| c.) Operating as a Prime Contractor: _____ % | Basements: _____ % |
| Operating as a Sub-Contractor: _____ % | Swimming Pools: _____ % |
| | Conduit Construction: _____ % |
| | Other: _____ % |

2. 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

3. 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: _____

4. 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?
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.
5. Any soil remediation or contaminated soil removal? Yes No
Describe:
6. Any quarrying or gravel pit operations? Yes No
Describe:
7. Any work on active or closed landfills? Yes No
Describe:
8. Any blasting? Yes No
Describe:
9. Any involvement in structural demolition work? Yes No
Describe:
10. Any directional drilling or horizontal boring? Yes No
Describe:
11. Any snowplowing? Yes No Receipts: \$ _____
(If yes, additional snow removal supplemental application may be required)
12. Any hauling for others? Yes No Receipts: \$ _____
13. Is equipment leased to others with or without operators? Yes No
Describe:

14. 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): _____
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15. List largest jobs in progress.

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

16. List largest jobs completed within the past year.

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

REMARKS: