

**Underground Utility / Pipeline Contractors
Supplemental Application**

Name of Insured:		Effective Date:
Address 1:		
City, State, Zip:		
Website Address:		
Producer:		Phone:

1. OPERATIONS

% of work done as a General or Prime Contractor _____ %
 % work done as a Sub-Contractor _____ %
 % work done under OCIP's or Wrap Programs _____ %

A. Enter the risks own payroll and payroll that the risk subcontracts out for the following operations:

Major Operation	Direct Payroll	Subcontracted Payroll
Sewer Mains and Connections	\$	\$
Water Mains and Connections	\$	\$
Oil and Gas Transmission Pipelines	\$	\$
Conduit Construction for Cable and Wire	\$	\$
Pump Station Construction	\$	\$
Sewer Remediation	\$	\$
Specialty Operation		
Excavation	\$	\$
Horizontal Directional Drilling (HDD)	\$	\$
Utility Line Inspections	\$	\$
Tunneling – Man In	\$	\$
Trenchless Construction Methods (TCM)	\$	\$
Blasting Operations	\$	\$
Vacuum Excavation or Potholing	\$	\$

❖ The same payroll may be included in both the Major Operations and Specialty Operations categories

Type of Work (%)	New Construction/ Major Rehab	Service/ Maintenance
Commercial	%	%
Industrial	%	%
Habitational – Single Family	%	%
Multi-Family	%	%

B. Does the risk perform any operations from barges or vessels? YES NO

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If yes, please describe operations performed:

C. Does the risk lease/rent their equipment **to** others? YES NO
 If yes,
 Type of Equipment Leased/Rented: _____
 With Operator: Or Without Operator:
 Annual Receipts from leasing/renting equipment to others \$ _____

D. Does the risk lease/rent their equipment **from** others? YES NO
 If yes,
 Type of Equipment Leased/Rented: _____
 With Operator: Or Without Operator:
 Expected Annual Expenditures for leasing/renting equipment from others \$ _____

E. Does the Insured perform utility location services for others? YES NO
 If yes,
 Annual Receipts from these operations \$ _____
 Describe Operations (e.g., mapping, electronic detection, potholing, vacuum excavation, etc)

2. RISK CONTROL

A. EQUIPMENT

1. Does the Insured have a written and documented preventative maintenance plan? YES NO
 Who performs the maintenance work? Employee Outside Services

2. **What steps are taken to prevent theft of equipment?**
 Is equipment registered with the National Equipment Registry (NER) or other facility? YES NO
 Is the equipment outfitted with LoJack or other tracking devices? YES NO
 Is a Security Guard utilized during off work periods? YES NO
 Are ignition disabling devices used? YES NO

Please describe any other theft prevention methods used: _____

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B. UTILITY DETECTION PROGRAM

1. What utility detection methods are typically used on your jobsites? (check all that apply)

- a) Map and 'white-line' excavation route prior to utility location efforts
- b) Schedule pre-excavation meeting with Utility Company and Site Owner
- c) 'One Call' utility locator service
- d) Use electronic detection for utility location verification (i.e., metal detectors, ground penetrating radar (GPR), 3D imaging, ect)
- e) Use 'pot-holing' or vacuum excavation for verification
- f) Other – please describe: _____

2. Do you check with the Utilities about the presence of high priority / critical lines along the route? (e.g., high pressure gas or water, power transmission, 15 pair communication cable, sonnet ring fiber optics, etc) YES NO

C. BLASTING OPERATIONS (if applicable)

- 1. Does the risk perform blasting operations, either in-house or sub contracted out? If yes, see below. YES NO
 - a) Do you perform a pre-blast existing damage survey of the surrounding properties? YES NO
 - b) Do you perform vibration monitoring of the blasts? YES NO
 - c) Do you perform post-blast surveys? YES NO
 - d) Do you maintain a blasting log? YES NO
 - e) Are explosives stored on the premises? YES NO

If yes, describe the storage enclosure and the protection

2. Please Send a Copy of the Risk's Blasting Procedures Manual

D. CONNECTION QUALITY CONTROL

- 1. What percentage (%) of pipe connections and welds are typically inspected prior to backfilling the excavation? _____ %
- 2. Are the open pipe ends sealed or covered during non-working periods? YES NO

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E. AUTO/FLEET

1. Does the risk check MVR's on employees who use company vehicles? YES NO
2. Does the risk conduct pre-employment driving tests? YES NO
3. Does the risk have a written Vehicle Preventative Maintenance Plan? YES NO
4. Does the risk allow employees to take company vehicles home? YES NO
5. Does the risk have written guidelines on personal use of company vehicles? YES NO
6. Are employee's families allowed to use company vehicles? YES NO

F. CONTRACT RISK MANAGEMENT

1. Does the applicant hire sub-contractors? YES NO
If Yes, list the types of work subcontracted:

2. Percentage of total work sub-contracted to others: _____%
3. Does the applicant obtain certificates of insurance from all sub-contractors? YES NO
4. Is there a Diary System in place to track expiration dates of certificates of insurance? YES NO
5. Is the applicant named as additional insured on all sub-contractors' policies? YES NO
6. Does the applicant require all sub-contractors to carry limits (including Excess limits) equal to or greater than their own? YES NO
7. Does the applicant use written sub-contractor agreements containing hold harmless/indemnity agreements in favor of the applicant? YES NO
8. Does the applicant verify that all sub-contractors follow all industry requirements and applicable state and local codes? YES NO
9. Indicate the types of sub-contractor agreements the applicant typically uses:
___ Standard (AGC, AIA contracts)
___ Custom
___ Other (explain) _____
10. Have agreements been reviewed by contract specialty attorney? YES NO
11. **Please include a copy of the insured's standard subcontractor agreement with submission**
12. Does the risk work as a subcontractor for others? YES NO
If yes, what type of Contract is the risk typically asked to sign?
Standard AGC/AIA Custom Other

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13. Does the risk have an Engineer or Architect on staff? If yes, see below YES NO
- Does the risk carry professional liability for these individuals? YES NO
- Does the risk perform Architectural or Engineering services for 3rd parties? YES NO

G. FINANCIAL

1. Is the risk currently in bankruptcy or reorganization proceedings? YES NO
2. What were the risk's contract revenue for 2nd period year \$ _____
- Last 12 Months \$ _____
- Projected Next 12 Months \$ _____
3. What is the contract amount of current work in progress? \$ _____
4. What is the contract amount of contact work awarded but not started? \$ _____

3. SAFETY AND TRAINING

- A. Does the risk employ a full time Safety Manager/Director YES NO
- B. Does the risk have a written safety manual? YES NO
- C. Does the risk have a drug testing program? YES NO
- D. Does the risk have a written quality control program? YES NO
- E. Does the risk have a written return to work program? YES NO
- F. Does the risk perform on-going employee training? YES NO
- If yes, please describe the training program _____

- G. Does the risk belong to any industry specific trade associations? YES NO
- If yes, please list them _____

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Submission Requirements:

- Completed and signed Acord applications for each coverage desired
- 5 Years currently valued (within 90 days of effective date) Company Loss Runs (minimum 3 yrs. on Property & IM)
- Detailed description of all losses \geq \$25,000
- Equipment Schedule of values showing Make, Model and Serial Number
- Copy of the Table of Contents (TOC) page of the following:
 - Safety Manual
 - Preventative Maintenance Manual
 - Employee Training Manual
- Copy of Blasting Procedures manual (if applicable)