

**Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**EXCAVATORS AND GRADING OF LAND SUPPLEMENTAL APPLICATION**

(Complete in addition to ACORD General Liability Application)

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE: From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**Website Address:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**1. Description of operation:** \_\_\_\_\_  
 \_\_\_\_\_

How long have you been in business? \_\_\_\_\_  Full-time  Part-time  
 Years of experience in this field? \_\_\_\_\_

**2. Projected gross annual sales:** ..... \$ \_\_\_\_\_

**3. Employee Information:**

Employee Data	Number	Annual Payroll
Owner(s) only		\$
Full & Part-Time Employees		\$

Leased	Number	Annual Cost
Leased Employees		\$

**4. Does applicant subcontract work?**.....  Yes  No  
 If yes, state type of work: \_\_\_\_\_  
 Annual cost (including projected cost of materials):..... \$ \_\_\_\_\_  
 Are certificates of insurance obtained from subcontractors? .....  Yes  No  
 Limits of liability required on certificates: \_\_\_\_\_

5. Does applicant have other business ventures for which coverage is not requested? .....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Any underground tanks, petroleum products, LPG, flammable liquids, ammunition or explosives stored on the applicant's premises or at job sites? .....  Yes  No

If yes, advise types and quantity stored: \_\_\_\_\_  
 \_\_\_\_\_

**7. Safety Procedures:**

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

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

Does applicant confirm neighboring properties are properly underpinned or stabilized prior to excavating? .....  Yes  No

8. **Operations:** Please indicate Y (Yes) or N (No) if any operations described below are performed by applicant and/or subcontractors and indicate percentage of each operation:

	%	Applicant (Y/N)	Subs (Y/N)
<b>Excavation for abutting buildings:</b>			
<b>Work on demolition projects: (If yes, please submit)</b>			
<b>Earthen dam construction:</b>			
<b>Use of explosives:</b> If yes, please complete and submit Blasting Contractors Supplemental Application, GLS-APP-67s.			
<b>Horizontal/Directional Drilling:</b> What type of work? (i.e., Oilfield, utility installation, pipes, conduit or cable installation) _____			
<b>Work on landfills:</b>			
<b>Mining:</b>			
<b>Engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies:</b> If yes, describe: _____			
<b>Public street or road construction:</b>			
<b>Site preparation for residential:</b> Any single family home developments with more than twelve (12) home sites? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Any condominiums or townhouse developments? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>River channeling or re-channeling:</b>			
<b>Shoring:</b> If yes, does applicant use OSHA approved equipment and techniques? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Snow/Ice removal:</b> If yes, please complete Snow Removal Supplemental Application, GLS-SUPP-6.			

	%	Applicant (Y/N)	Subs (Y/N)
<b>Stabilizing soil with lime or concrete:</b> If yes, what type of locations? (i.e., flat land, hillside, etc.) _____			
<b>Excavation for swimming pools:</b> If yes, advise: Payroll:.....\$ _____ Receipts:.....\$ _____			
<b>Tunneling:</b>			
<b>Underground storage tank installation or removal:</b>			
<b>Underpinning:</b>			
<b>Water main, sewer or pipeline construction:</b>			

**9. Equipment:** (Refer to Inland Marine guide if coverage is needed for equipment)

Types: (describe below)	Owned	Rented
Self-propelled:		
Other:		

- 10. Is all self-propelled mobile equipment transported to job sites by trailer?** .....  Yes  No
- 11. Any equipment loaned, leased or rented to OTHERS without operator?** .....  Yes  No
- If yes, describe type of equipment and receipts: \_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**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 AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

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

**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 of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or

any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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 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 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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**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 RHODE ISLAND 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.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**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.

**NEW YORK 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 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 STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

CONTACT NAME AND TELEPHONE NUMBER OF INDIVIDUAL FOR INSPECTION/AUDIT: \_\_\_\_\_  
\_\_\_\_\_