



EXCAVATION/GRADING OF LAND CONTRACTOR SUPPLEMENTAL QUESTIONNAIRE

Named Insured/Applicant

Policy/Quote Number

Insured's website address:

Describe Insured's operation in detail

Types of Jobs: Residential % Commercial %

Does the insured perform any of the following?

Excavation	%	Grading of Land	%	Septic tank installation	%	Septic tank removal	%
Sewer Line construction	%	UST installation	%	UST removal	%	Other	%

Maximum depth of excavation

Type of collapse protection used

Utilities contacted before digging? Yes No Company

Description of the last three largest jobs:

Description of Job	Location	Date	Cost
			\$
			\$
			\$

GENERAL INFORMATION SECTION:

1. Number of Employees: Full time: Part Time:
2. Annual Payroll: \$ Annual Receipts: \$
3. Does the insured sign a written contract with its customers? (If yes, attach a sample copy) Yes No

SUBCONTRACTOR QUESTIONS

1. Are subcontractors used? Yes No Cost of Subcontractors \$
2. Does the insured sign a contract with the subcontractors? (Attach a sample copy) Yes No
3. Does the insured work as a subcontractor? Yes No
4. Does the insured sign a written contract when working as a subcontractor? (If yes, attach a copy) Yes No
5. Subcontractor duties performed (two most recent jobs)

Description	Cost
	\$
	\$

6. How are subcontractors and their work supervised?
7. Does the insured obtain Certificates of Insurance for: GL Yes No Workers Comp Yes No
8. Limits of insurance required from subcontractors: \$
9. Is the insured named as an additional insured and held harmless on the subcontractors GL policy? Yes No

Attach a copy.



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MISCELLANEOUS INFORMATION

1. Does the insured perform any municipal work? Yes No
If yes, provide description.

2. Does the insured perform any gas main installation? Yes No
If yes, provide description.

3. Any demolition operations? Yes No
If yes, please describe.

4. Any blasting operations? Yes No
If yes, please describe.

5. Any quarrying or gravel pit operations? Yes No
If yes, provide description.

6. Any underground storage tanks owned or operated by the insured? Yes No
If yes: Construction Age of Tank
Capacity Contents

7. Any hauling for hire or for others? Yes No
If yes: Material hauled Frequency of hauling
Radius of hauling Vehicles used

8. Does the insured perform any snowplowing? Yes No
If Yes, MU 7996 Snowplowing Questionnaire is required.

ATTACH A COPY OF THE INSURED'S STANDARD WRITTEN CONTRACT AND A
COPY OF THE TWO MOST RECENT CUSTOMERS WRITTEN CONTRACTS.

Insured's Signature _____ Date _____

Agent Signature _____ Date _____