



## 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 \_\_\_\_\_