Excavation/Grading of Land Contractor Supplemental Questionnaire

Named Insured: ________________________________

Describe insured’s operations in detail: _________________________________________________________________

Residential _____%  Excavation  _____%  UST installation _____%
Commercial _____%  Grading of land  _____%  UST removal _____%
Septic tank removal _____%  Other  _____%
Septic tank installation _____%
Sewer line construction _____%

Maximum depth of excavation __________________

Type of collapse protection used ________________________________________________________________

Utilities contacted before digging?  ☐ Yes  ☐ No  Company ________________________________

Please list the last three largest jobs:

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<tr>
<th>Description</th>
<th>Location</th>
<th>Date</th>
<th>Cost</th>
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General Information:
Number of employees: Part time ______  Full time ______  Payroll ______  Annual receipts ______

Do you sign a written contract with your customers?  ☐ Yes  ☐ No  Attach a sample copy.

Are subcontractors used?  ☐ Yes  ☐ No

Do you sign a contract with the subcontractors?  ☐ Yes  ☐ No  Attach a sample copy.

Subcontracted duties performed (two most recent jobs)  Cost
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<th>Description</th>
<th>Cost</th>
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How are subcontractors and their work supervised? ______________________________________________________

Is the insured securing certificates of insurance for both GL and WC?  ☐ Yes  ☐ No

Required limits of insurance from subcontractors? ________________________________

Is the insured named as an additional insured and held harmless on the subcontractor’s GL policy?  ☐ Yes  ☐ No
Excavation/Grading of Land Contractor Supplemental Questionnaire (continued)

Does the insured work as subcontractor?  
☐ Yes  ☐ No

Does the Insured sign a written contract when working as a subcontractor?  
Attach a copy.

☐ Yes  ☐ No

Miscellaneous Information:

Any municipal work?  
☐ Yes  ☐ No
If yes, please describe:
____________________________________________________

Any gas main installation?  
☐ Yes  ☐ No
If yes, please describe:
____________________________________________________

Any demolition operation?  
☐ Yes  ☐ No
If yes, please describe:
____________________________________________________

Any blasting operations?  
☐ Yes  ☐ No
If yes, please describe:
____________________________________________________

Any quarrying or gravel pit operations?  
☐ Yes  ☐ No
If yes, please describe:
____________________________________________________

Any underground storage tanks owned or operated by the insured?  
☐ Yes  ☐ No
If yes:
Construction__________________________________________
Age of tank(s) _________________________________________
Capacity ______________________________________________
Contents ______________________________________________

Any hauling for hire or for others?  
☐ Yes  ☐ No
If yes:
Material hauled _________________________________________
Frequency of hauling _________________________________
Radius of hauling ______________________________________
Vehicles used __________________________________________

Any snowplowing?  
☐ Yes  ☐ No
If yes, complete Snowplowing Questionnaire.

Attach a sample copy of the insured's standard written contract and a copy of the two most recent customer's written contracts if not included above.

Does the insured have an internet Website?  
☐ Yes  ☐ No
If yes please provide WWW. _______________________________

Insured's Signature _____________________________________  Date ______________________

Agent's Signature ______________________________________  Date ______________________