

**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

1-800-423-7675 • Fax (480) 483-6752  
 www.scottsdaleins.com

**Excavators and Grading of Land Supplemental Application**

(Complete in addition to ACORD General Liability Application)

Name of Applicant: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

1. How long have you been in business? \_\_\_\_\_  Full-time  Part-time

2.

Employee Data	Number	Annual Payroll
Owner(s) only		\$
Full-time		\$
Part-time		\$

Leased or Subcontracted	Number	Annual Cost
Leased Employees		\$
Independent Contractors		\$

3. Projected annual sales: \$ \_\_\_\_\_

4. Operations:

- a. Does applicant or their subcontractors use explosives? .....  Yes  No  
 If so, describe: \_\_\_\_\_
- b. Does applicant make a thorough study of the subsurface, including identification of existing utility pipes and lines, prior to any digging? .....  Yes  No
- c. Is all self-propelled mobile equipment transported to job sites by trailer? .....  Yes  No
- d. If shoring is required on a job, does applicant use OSHA approved equipment and techniques? .....  Yes  No
- e. Does applicant stabilize soil with lime or concrete? .....  Yes  No
- f. Does applicant have sufficient signs, barricades and fences to keep non-employees at a safe distance from job sites and equipment? .....  Yes  No  
 Equipment is:  owned or  rented  
 If rented, attach a copy of the certificate of insurance from the rental company.
- g. Does applicant do off-season snow plowing? .....  Yes  No  
 If yes, annual receipts from snow plowing: \$ \_\_\_\_\_  
 Who do they plow for? \_\_\_\_\_

- h. Any underground tanks, petroleum products, LPG, flammable liquids, ammunition or explosives stored on premises?.....  Yes  No  
If yes, type and quantity stored: \_\_\_\_\_
- i. Any equipment loaned, leased or rented to others? .....  Yes  No  
If yes, describe type of equipment: \_\_\_\_\_  
Annual rental (with operator) receipts: \_\_\_\_\_ Annual rental (without operator) receipts: \_\_\_\_\_
- j. Does applicant subcontract work? .....  Yes  No  
If yes, state type of work: \_\_\_\_\_
- k. Are certificates of insurance obtained from subcontractors? .....  Yes  No  
If yes, limits of liability required on certificates: \_\_\_\_\_
- l. Any work completed involving underground storage tank installation or removal; tunneling; earthen dam construction; river channeling or re-channeling; mining; work on landfills; street or road construction; or water main, sewer or pipeline construction? .....  Yes  No  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- m. Site preparation for houses? .....  Yes  No  
Site preparation for condominiums or townhouses? .....  Yes  No
- n. Does applicant have other business ventures for which coverage is not requested? .....  Yes  No  
If yes, explain and advise where insured: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

**FRAUD WARNING (APPLICABLE IN TENNESSEE 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.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:**

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 NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

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