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EXCAVATION/GRADING OF LAND PROGRAM SUPPLEMENT

(Include Acord application)

Applicant's Name: _____ Location Address: _____
Mailing Address: _____

How long in business under this name? _____ Years of experience in this field: _____

Individual Partnership Corporation Other

Is applicant properly licensed where required by law? Yes No License Number: _____

Number of active owners/officers/partners: _____ Number of employees: _____

Estimated annual: Payroll (excl. owner) \$ _____ Receipts \$ _____ Sub Costs: \$ _____

Does applicant carry Workers' Compensation coverage? Yes No

Does applicant lease employees from others? Yes No

If yes, please provide payroll: \$ _____

Does applicant subcontract work to others? Yes No

If yes, are certificates of insurance obtained? Yes No

Do subcontractors name the applicant as additional insured? Yes No

List subcontractor trades used with costs and percentage of operations

Trade	Cost	%	Trade	Cost	%

If shoring is required for a job, does applicant use OSHA approved equipment and techniques? Yes No

Is all self propelled mobile equipment transported to job site by trailer? Yes No

Any explosives, flammables, or LPG used? Yes No

If yes, how are they stored? _____

Does applicant use any explosives? Yes No

If yes, please describe: _____

Does applicant make a study of the subsurface and identify existing utility lines prior to digging? Yes No

Any equipment loaned, rented, or leased to others? Yes No

Please explain: _____

What is the maximum depth the applicant will dig? _____ Any off season snow plowing? Yes No

Please provide full details on site protection/security: _____

List percentage of operations under the following

Dam construction		Removal of underground fuel storage tanks	
Equipment rental with operator		River rechanneling	
Equipment rental without operator		Sewer and/or water main construction	
Landfills		Street and/or road construction	
Mining		Site preparation – residential	
Pipelines		Tunneling	

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature _____

Producer's Signature _____

Date _____