

Excavators and Grading of Land Supplemental Application

Houston P: (281) 759-4855

F: (281) 759-7245

(Complete in addition to ACORD General Liability Application)

eb :	site Address:			
Н	low long have you been in business?	Full-tir	ne 🗌 Part-time	
	Employee Data	Number	Annual Payroll	
	Owner(s) only		\$	
	Full-time		\$	
	Part-time		\$	
	Leased or Subcontracted	Number	Annual Cost	
	Leased Employees		\$	
	Independent Contractors		\$	
	pipes and lines, prior to any digging?			
g h	If yes, annual receipts from snow plow Who do they plow for?	te of insurance from the renta owing? ving: \$	Yes 🗆	

i.	Any equipment loaned, leased or rented to others					
	If yes, describe type of equipment:					
	Annual rental (with operator) receipts:					
j.	Does applicant subcontract work?		∟ Yes ∟ No			
le.	If yes, state type of work: Are certificates of insurance obtained from subcontractors?					
k.	If yes, limits of liability required on certificates:					
ı.						
	earthen dam construction; river channeling or re-channeling; mining; work on landfills; street or					
	road construction; or water main, sewer or pipeline construction?					
	If yes, describe:					
m.	Site preparation for houses?		□ Yes □ No			
	Site preparation for condominiums or townhouses	5?	□ Yes □ No			
n.	Does applicant have other business ventures for v	which coverage is not requested?	□ Yes □ No			
	If yes, explain and advise where insured:					
APPLI	CABLE IN THE STATE OF NEW YORK:					
surance	rson who knowingly and with intent to defraud angle or statement of claim containing any materially from concerning any fact material thereto, commits	false information, or conceals for the purpose of	f misleading, in-			
	to a civil penalty not to exceed five thousand dolla					
FRAUE) WARNING:					
surance mation	rson who knowingly and with intent to defraud angle or statement of claim containing any materially factoncerning any fact material thereto commits a to criminal and civil penalties.	alse information or conceals for the purpose of m	nisleading, infor-			
PRODU	JCER'S SIGNATURE:	DATE:				
APPLIC	CANT'S SIGNATURE:	DATE:				
AGENT	NAME:	AGENT LICENSE NUMBER				
, (OLIVI		Florida Agents Only.)				
IOWA I	LICENSED AGENT:					