



TELECOMMUNICATION CONTRACTORS SUPPLEMENTAL APPLICATION

(Complete in addition to the ACORD General Liability Application)

Applicant's Name: _____

 Location Address: _____

Agent Name: _____
 Agent Address: _____
 Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. Applicant Operations:

a. Description of Operations: _____

b. State/Area of Operations: _____

c. Length of time in business operating under the name shown above: _____ years or _____ new venture

d. Total payroll:.....\$ _____

Show by Trade:

Trade: _____ Payroll: \$ _____ Subcontractor Costs: \$ _____ Sales: \$ _____

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Trade: _____ Payroll: \$ _____ Subcontractor Costs: \$ _____ Sales: \$ _____

Uninsured Subcontractors Cost: \$ _____

e. Is applicant licensed? Yes No

If yes, type in license and number: _____

Year licensed issued: _____

Has applicant operated or been licensed under any other name(s) during the past ten (10) years?.. Yes No

If yes, provide prior name and describe type of operations: _____

f. List top three customers and services performed:

Customer	Services Performed

g. Projects:

Current or Planned Projects	Cost of Project	Duration of Project

2. Liability Controls:

a. Does applicant use a written contract with customers?..... Yes No
 If no, explain when not required: _____

b. Does applicant use a written contract with subcontractors?..... Yes No
 If no, explain when not required: _____

c. Do applicant's contracts contain a hold harmless agreement in applicant's favor?..... Yes No

d. Does applicant obtain certificates of insurance from all subcontractors?..... Yes No
 If yes, minimum limits required:.....\$_____

e. Is applicant added as an additional insured on the subcontractors' liability policies?..... Yes No

f. Does applicant have Workers' Compensation coverage in force?..... Yes No

g. Does applicant provide architectural or engineering design services? Yes No
 If yes, explain: _____

h. Does applicant have residential telecommunications operations?..... Yes No

i. Is applicant a telecommunication equipment provider?..... Yes No

j. Is applicant a telecommunication service provider?..... Yes No

k. Has applicant acted in the capacity of a General Contractor in the past?..... Yes No
 If yes, provide details: _____

l. Is applicant a construction/project manager or consultant?..... Yes No

m. Has applicant been involved in any claims involving construction defects?..... Yes No
 If yes, explain: _____

3. Does applicant's employees or subcontractors do directional drilling? Yes No

4. What is the average height of towers serviced? _____

5. What is the maximum height of towers serviced? _____

6. Any work on towers located on buildings? Yes No
 If yes, explain: _____

7. Does applicant do any tower erection? Yes No

If yes:

Average height of towers: _____

Maximum height of towers erected: _____

Number of towers erected on buildings: _____

Number of towers erected per year: _____

8. Does applicant have written safety procedures for all employees and subcontractors? Yes No

Do employees use safety harnesses?..... Yes No

Are underground utilities marked?..... Yes No

Is safety program reviewed quarterly with employees?..... Yes No

If no, how often is it reviewed? _____

9. Does applicant do any excavation work? Yes No

If yes, complete the Excavators and Grading of Land Supplemental Application.

10. Does applicant do any welding work? Yes No

If yes, advise percentage of gross receipts:..... _____%

11. For tower owners:

Height of tower: _____ Feet

Is the tower used by anyone else? Yes No

What are the annual receipts from leasing space on towers to others?.....\$ _____

Is tower supported by wires?..... Yes No

Advise wind load of tower: _____

Tower Security:

Fully fenced?..... Yes No

Cameras?..... Yes No

12. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No

If yes, describe: _____

13. Does applicant have other business ventures for which coverage is not requested?..... Yes No

If yes, explain and advise where insured: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.