

## APPLICANT INFORMATION

Named Insured: \_\_\_\_\_

Agency: \_\_\_\_\_

Insureds Website: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## GENERAL INFORMATION

1. Type of Construction Professional operation: \_\_\_\_\_

PERCENTAGE OF YOUR REVENUE GENERATED BY YOUR WORK IN THE FOLLOWING CONSTRUCTION WORK CATEGORIES:			
Commercial	%	Federal	%
Industrial	%	State	%
Residential	%	Municipal	%
Infrastructure	%	Private	%
Other	%		%
Total	100%		100%

IDENTIFY AREAS OF PROFESSIONAL SERVICES			
Chemical	%	Soils/Geotech	%
Forensics	%	Structural	%
Marine	%	Testing Labs	%
Mining	%	Other (describe)	
Environmental Haz Mat, Waste, Superfund Etc.	%		
Surveying	%	Total	100%

2. Years' experience in the operations you perform: \_\_\_\_\_

3. Years in business under this business name and same management: \_\_\_\_\_

4. Has the applicant changed names in the last 5 years or operated other business entities? ☐ Yes ☐ No

If Yes, please explain: \_\_\_\_\_

5. Has the applicant discontinued operations in the last 10 years? ☐ Yes ☐ No

If Yes, please explain: \_\_\_\_\_

6. Annual Revenues: Projected \_\_\_\_\_ Expiring Year \_\_\_\_\_ 2nd Prior Year \_\_\_\_\_

Largest project's gross revenue: \_\_\_\_\_ Expiring Year \_\_\_\_\_ 2nd Prior Year \_\_\_\_\_

7. Do your employees work at construction or project sites? ☐ Yes ☐ No

Describe activities conducted: \_\_\_\_\_

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8. Do you or anyone working on your behalf provide any of the following services or work on any projects involving the following materials or infrastructure?

PROFESSIONAL JUDGEMENT* RENDERED		NATURE OF PROJECT	OTHER THAN PROFESSIONAL JUDGEMENT RENDERED	
None	Yes		Yes	None
		Aerospace engineering Amusement rides, pools, or playgrounds Asbestos, lead, or mold evaluation or abatement Bridges, dams, harbors, mines, piers, or tunnels Condominiums Design/build firms Emergency response or cleanup of any hazardous materials Foundation, sheeting or retaining wall design Geotechnical/soil engineering Home Inspections for prospective buyers or lenders Hydraulic fracturing, hydro fracturing, or fracking Laboratory testing Land acquisition Land Surveying, boundary surveying or construction staking Marine engineering Nuclear engineering Oil, gas, or well engineering Structural engineering Underground storage tanks or utilities		

\*Applying knowledge, skill and experience in a way that is informed by professional standards, laws and ethical principals to develop an opinion or decision about what should be done to best service the client.

9. Please list the Construction Projects the applicant has worked on or been a part of the past 2 years (largest)

PROJECT	DESCRIPTION OF WORK

a. List all states the applicant has performed work in the last 10 years:\_\_\_\_\_

b. List all states the applicant plans to do business in during the next 12 months \_\_\_\_\_

10.

# FULL TIME PROFESSIONAL EMPLOYEES	# PART TIME PROFESSIONAL EMPLOYEES	# OTHER EMPLOYEES

11. What is the average staff tenure? \_\_\_\_\_

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**Work site, job site, or project site:** (check all that apply to your work)

- ☐ ACCEPT RESPONSIBILITY FOR SITE SAFETY INCLUDING HAZARD IDENTIFICATION
- ☐ ENGAGE IN ONGOING TRADE CONTRACTOR ACTIVITIES ON SITE
- ☐ COORDINATE OR SUPERVISE CONTRACTORS OR SUBCONTRACTORS
- ☐ HAVE AUTHORITY TO ISSUE CHANGE ORDERS OR STOP WORK
- ☐ AGREE TO INDEMNIFY HIGHER TIER FOR
  - ☐ BREACH OF CONTRACT
  - ☐ PROFESSIONAL JUDGEMENT NON-PROFESSIONAL SERVICES
  - ☐ NEGLIGENCE BEYOND NORMAL STANDARD OF CARE
  - ☐ 3RD PARTY CLAIMS FOR BI OR PD TO THE EXTENT CAUSED BY NEGLIGENT ACT, ERROR OR OMISSION
  - ☐ DEFEND CLIENT (NO COMMON LAW DUTY REQUIRES)

1. Work two stories or below: \_\_\_\_% Work above two stories: \_\_\_\_% > 10 stories: \_\_\_\_% = 100%
2. Does the applicant use scaffolding? ☐ Yes ☐ No  
If Yes, to what height? \_\_\_\_ feet
3. Does the applicant work underground? ☐ Yes ☐ No  
If Yes, please explain: \_\_\_\_\_
4. Average size of jobs (cost): \_\_\_\_\_
5. Number of job sites attended per day by employee: \_\_\_\_\_
6. How many jobs were completed during the last 12 months? \_\_\_\_\_

**Safety and Risk Management Program**

1. Does the applicant have a written Safety Program? ☐ Yes ☐ No  
If Yes, does the program include:
  - a. Regular safety meetings? ☐ Yes ☐ No
  - b. New employee orientation policy and training? ☐ Yes ☐ No
  - c. Supervisor training (Competent Person)? ☐ Yes ☐ No
  - d. Vehicle safety policies, including distracted driving policy? ☐ Yes ☐ No
  - e. Guidelines for personal auto use for company business (and include proof of insurance requirements and MVR checks for regular drivers w/HNOC exposures)? ☐ Yes ☐ No
  - f. Written job safety procedures? ☐ Yes ☐ No
  - g. Providing required PPE (personal protective equipment) with training on proper use? ☐ Yes ☐ No
2. Quality assurance and control program:
  - a. How long does the applicant maintain records of contracts and job records? \_\_\_\_\_

**CONTRACTING INFORMATION** (if applicable please reply to the following questions)

Contracts (When account is in the HIGHER TIER position, even if they principally operate as a subcontractor)

1. Does the applicant hire subcontractors? ☐ Yes ☐ No  
If Yes, does the applicant use a written contract all the time? ☐ Yes ☐ No  
**IF YES, ATTACH A COPY OF YOUR CONTRACT**
2. Which of the following does the applicant's contract require?
  - a. Will provide DEFENSE, INDEMNIFICATION & HOLD HARMLESS protection to the fullest extent permitted by law? ☐ Yes ☐ No
  - b. Is required to add as an Additional Insured (AI) for Premises/Operations AND Completed Operations? ☐ Yes ☐ No

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- c. Provides PRIMARY & NONCONTRIBUTORY status on AI position? ☐ Yes ☐ No
- d. Specifies minimum limits subcontractor must carry are equal to that required of applicant? ☐ Yes ☐ No
- e. Requires subcontractor to be responsible for all included in owner's contract with you? ☐ Yes ☐ No
- f. The contract has been reviewed within the past 3 years by an attorney with contract law experience in all states where work is performed? ☐ Yes ☐ No
- g. Require AI endorsement for a specified period after job is completed? ☐ Yes ☐ No
- h. Have a designated person with responsibility for maintaining oversight of all contracts, including management of the evidence of continuing insurance throughout the duration of the project(s)? ☐ Yes ☐ No
- i. Receive copies of AI endorsements (annually)? ☐ Yes ☐ No
- j. Does the applicant use a written contract with all customers? ☐ Yes ☐ No
- 3. Annual subcontracted work cost (cost includes labor and materials): \_\_\_\_\_
- 4. Percentage of work subbed out \_\_\_\_\_%
- 5. List type of work subcontracted: \_\_\_\_\_

#### Workers Compensation

- 1. Does your facility have a testing lab? ☐ Yes ☐ No
- 2. Are incidents/accidents reviewed by a management supported safety committee? ☐ Yes ☐ No
- 3. Are there procedures to ensure that employee workstations are adjusted correctly? ☐ Yes ☐ No
- 4. What is the maximum weight lifted manually? \_\_\_\_\_
- 5. What is the maximum height worked at? \_\_\_\_\_
- 6. Do you perform Drug and Alcohol screening?
  - a. Pre-hire ☐ Yes ☐ No
  - b. Post-hire ☐ Yes ☐ No
- 7. Do you perform physical examinations?
  - a. Pre-hire ☐ Yes ☐ No
  - b. Post-hire ☐ Yes ☐ No
- 8. Do you offer health benefits to full time employees? ☐ Yes ☐ No
- 9. Do you use a designated health clinic for employee injuries? ☐ Yes ☐ No
- 10. Do you have a light duty and or return to work procedure for injured workers? ☐ Yes ☐ No
- 11. Do employees travel overnight?
  - a. Percentage of employees who travel overnight \_\_\_\_\_%
  - b. Percentage of employees who travel internationally \_\_\_\_\_%
- 12. Do your employees enter confined spaces or hazardous environments in the course of their work? ☐ Yes ☐ No

#### **POLLUTION** (if applying for Hanover's SPEC policy)

- 1. Have you had any pollution-related losses or events in the last 5 years? ☐ Yes ☐ No  
If Yes, please explain: \_\_\_\_\_
- 2. Are you aware of any circumstance you have been involved that could result in a pollution-related claim? ☐ Yes ☐ No  
If Yes, please explain: \_\_\_\_\_
- 3. In the past 5 years, have you been cited or fined for any contracting activities? ☐ Yes ☐ No  
If Yes, please explain: \_\_\_\_\_
- 4. Do you handle, transport, store on site, or deliver fuel or other pollutants? ☐ Yes ☐ No  
If Yes, please explain: \_\_\_\_\_

5. If SPEC (Stand Alone Pollution Policy) is requested please provide the following information:

Carrier (current): \_\_\_\_\_

Limits: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_ Retention: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Retroactive Date: \_\_\_\_\_

**DECLARATION AND SIGNATURE**

**Authorized Entity Representative Designation**

The person named herein is authorized and designated to give and receive any and all notices on behalf of the entity and all Insureds from the entity or their authorized representative(s) concerning this insurance.

**Named Individual:** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Attestation**

The authorized signer of this application represents to the best of his/her knowledge and belief that the statements and information set forth herein are true and include all material information. The authorized signer also represents that any fact, circumstance or situation indicating the probability of a claim or legal action now known to any entity official or employee has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind The Hanover Insurance Group, Inc., to offer, nor the authorized signer to accept insurance, but it is agreed this application and any attachments hereto shall be the basis of the insurance and will be incorporated by reference and made part of the policy should a policy be issued.

**Signature of Authorized**

**Entity Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_