

Agency Name:  
Address:  
Contact Name:  
Phone:  
Email:

## DIRECTIONAL BORING CONTRACTORS SUPPLEMENTAL APPLICATION

TO BE USED WITH FULLY COMPLETED APPLICABLE ACORD APPLICATION OR EQUIVALENT

All questions must be answered in full. If necessary, attach a separate sheet of paper with complete details

All Applications must be signed and dated by the applicant

Applicant's Name: \_\_\_\_\_ Agent: \_\_\_\_\_  
\_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_ Applicant's Phone Number: \_\_\_\_\_  
\_\_\_\_\_

Applicant's Web Address: \_\_\_\_\_

Inspection Contact: \_\_\_\_\_

Proposed Policy Period: \_\_\_\_\_ to \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Applicant is:

☐ Individual (Include Date of Birth): \_\_\_\_\_ ☐ Partnership (Include Dates of Birth): \_\_\_\_\_

☐ Corporation ☐ Joint Venture Other \_\_\_\_\_

### OPERATIONS

1. Years in business under the current name: \_\_\_\_\_

Provide other names under which applicant has conducted business: \_\_\_\_\_

If a new business, describe prior experience in this field: \_\_\_\_\_  
\_\_\_\_\_

2. Is applicant licensed? ☐ Yes ☐ No If yes, license #: \_\_\_\_\_

3. States in which applicant will do or has done business: \_\_\_\_\_

4. Description of operations: \_\_\_\_\_

5. Does the applicant's operation require blasting? ..... ☐ Yes ☐ No

6. Does applicant work on oil or gas or coal mining fields? ..... ☐ Yes ☐ No

7. What location service is used to identify underground exposures: \_\_\_\_\_

8. Does applicant keep records of calls and diary for re-locates? ..... ☐ Yes ☐ No

9. Does applicant use either still or video cameras to document/locate lines prior to digging? ..... ☐ Yes ☐ No

10. Describe any other steps used to avoid underground hazards: \_\_\_\_\_

11. Describe traffic control used: \_\_\_\_\_

If subcontracted, are certificates of insurance required? ..... ☐ Yes ☐ No

12. Describe how employees and equipment are protected from overhead power lines: \_\_\_\_\_  
\_\_\_\_\_

13. Has applicant ever caused an interruption of utility service? ..... ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

Duration of the outage: \_\_\_\_\_

Cause and Cost of the losses: \_\_\_\_\_

**OPERATIONS (Continued)**

14. Describe training provided to employees: \_\_\_\_\_
15. Percentage of work for general contractors: \_\_\_\_\_
16. Has applicant been cited for any OSHA violations? ..... ☐ Yes ☐ No  
Please complete the following:

	Current Year	Last Year	2 <sup>nd</sup> Prior Year	3 <sup>rd</sup> Prior Year	4 <sup>th</sup> Prior Year
Annual Gross Receipts					
17. Employee Payroll					
Cost of Subcontracted Work					
# of Employees					

18. Type of Work: ☐ Directional Boring ☐ Trenching or Excavation ☐ Other (describe): \_\_\_\_\_  
Work is For: ☐ Electric ☐ Water ☐ Fiber Optics ☐ Sewer Gas / Oil ☐ Other (describe): \_\_\_\_\_  
Boring / Drilling distance (ft): \_\_\_\_\_ Average: \_\_\_\_\_ Maximum: \_\_\_\_\_  
Maximum depth: \_\_\_\_\_ Average diameter of bore required: \_\_\_\_\_  
Describe how equipment is transported to the job site: \_\_\_\_\_  
Describe workspace requirements at entry/ exit points: \_\_\_\_\_  
Percentage of applicant's payroll from the following operations:  
Grading of Land \_\_\_\_\_ Irrigation or Drainage System Construction \_\_\_\_\_  
Excavation \_\_\_\_\_ Driveway, Parking Lot or Sidewalk Paving or Repaving \_\_\_\_\_

Estimate the percentage of gross receipts obtained from each of the following categories:

	Commercial Work	Percentage	Residential And Habitational Work	Percentage
19. Industrial		%	Apartments	%
Institutional		%	Condominiums / Townhomes	%
Mercantile		%	Custom Homes	%
Office		%	Tract Homes	%
Other		%	Other	%
Total 100%			Total 100%	

20. Does applicant have any of the following operations:
- Airport work ..... ☐ Yes ☐ No
- Crane rental to others ..... ☐ Yes ☐ No
- Dam construction, including cofferdams and caisson building ..... ☐ Yes ☐ No
- Environmental remediation ..... ☐ Yes ☐ No
- Equipment rental without operator ..... ☐ Yes ☐ No
- Flood control prevention ..... ☐ Yes ☐ No
- Hauling underground storage tanks or contaminated soil or cutting/breakdown of the tanks ..... ☐ Yes ☐ No
- Landfill operations, construction or closure operations – past, present or future ..... ☐ Yes ☐ No
- Levee or breakwater construction ..... ☐ Yes ☐ No
- On-site waste treatment ..... ☐ Yes ☐ No
- Pile driving for structure foundation ..... ☐ Yes ☐ No

**OPERATIONS (Continued)**

Railroad construction ..... ☐ Yes ☐ No

Sand/gravel hauling for others ..... ☐ Yes ☐ No

Septic system installation, service or repair in excess of 10% of total operations/revenues ..... ☐ Yes ☐ No

Snow plowing operations ..... ☐ Yes ☐ No

Subway construction ..... ☐ Yes ☐ No

Tunneling operations involving man entry into the tunnel or encasement ..... ☐ Yes ☐ No

Tunneling where employees are working under air pressure (pneumatic) ..... ☐ Yes ☐ No

Underground storage tank removal >5% of total revenue or > 12 tanks per year ..... ☐ Yes ☐ No

Underpinning buildings ..... ☐ Yes ☐ No

Water or waste water treatment plant construction, including piping work ..... ☐ Yes ☐ No

Work over waterways ..... ☐ Yes ☐ No

Wrecking/Demolition work ..... ☐ Yes ☐ No

Current Jobs and Those Completed in the Last 12 Months (attach separate sheet if needed):

21.

Contract Name	Cost	Description of Job	# of Pipes / Conduits / Bores	Boring / Drilling Distance (ft)/Depth

**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**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.

**FRAUD STATEMENT – FOR THE STATE(S) OF:**

**Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:**

**NOTICE:** Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*.) fines and confinement in prison (For Alabama add: *or any combination thereof*).

**Alaska**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

### **Arizona**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

### **California**

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### **Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### **Delaware, Idaho:**

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

### **District of Columbia**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

### **Florida**

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

### **Indiana**

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

### **Kansas**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### **Kentucky**

Application Forms: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

### **Maine, Tennessee, Virginia, 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 may include imprisonment, fines, or a denial of insurance benefits.

### **Massachusetts, Nebraska, Vermont:**

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

### **Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **New Hampshire**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

### **New Jersey**

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**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.

**Ohio**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma**

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

**Pennsylvania**

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.

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Producer's Signature

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Date

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Applicant's Signature

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Date