



## Street/Road and Paving Supplemental Application

COMPLETE IN ADDITION TO ACORD APPLICATIONS. ATTACH ADDITIONAL SHEETS AS NECESSARY.  
ANSWER ALL QUESTIONS. IF NOT APPLICABLE, INDICATE N/A

1. Name of Applicant: \_\_\_\_\_  
           Individual                      Corporation                      Partnership                      Other (Explain) \_\_\_\_\_

2. Date business began: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

3. Website: www. \_\_\_\_\_

4. Have you operated or are you operating under a different business name now or at any time over the past 10 years? Yes      No  
 If yes, please provide details: \_\_\_\_\_

5. Applicant works as a:

General Contractor	_____ %	Consultant	_____ %
Subcontractor	_____ %	Owner/Builder	_____ %
Construction Manager	_____ %	Developer	_____ %

6. Are you licensed?      Yes      No      Type of License? \_\_\_\_\_      Year Issued? \_\_\_\_\_

7. State/area of operation: \_\_\_\_\_

8. Describe your operations:  
 \_\_\_\_\_

9. Do you have a formal safety program? Yes      No

10. Have you been cited for an OSHA violations? Yes      No

11. Please complete the following chart:

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

12. What percentage of work do you subcontract to others? \_\_\_\_\_ %

13. Do you usually use the same subcontractors? Yes      No

14. Are subcontractors always insured? Yes      No

15. What general liability limits do you require your subs to carry? \_\_\_\_\_
16. Are you named as an additional insured on all subcontractors' policies? Yes No
17. Do you have a written contract with your subcontractors? Yes No  
 If yes, please provide a copy.
- Does the written contract include a hold harmless agreement? Yes No
- Does the written contract also require waiver of subrogation and primary and non-contributory wording in favor of the applicant? Yes No
18. Do you obtain certificates of insurance from all subcontractors? Yes No
19. How long do you retain those certificates? \_\_\_\_\_

20. Please complete the following:

Operations	% of Operations	Breakdown of Street/Road Work	% of Work
Driveway or Parking Lot Paving	%	State or Federal	%
Driveway or Parking Lot Construction	%	Municipal	%
Snowplowing	%	Private/Development	%
Street or Road Paving	%		
Street or Road Construction	%		
Excavation or Grading (not incl. above)	%	<i>(Complete Excavation/Grading Questionnaire)</i>	
Other Operations:			%

21. Please list the last three largest jobs recently completed:

Description	Location	Date	Cost

22. Is there any construction, maintenance or repair of:

Airport runways	Yes	No	Racetracks	Yes	No
Railroad roadbeds	Yes	No	Bridges	Yes	No
Reservoirs or dams	Yes	No	Garage parking decks	Yes	No
Holding ponds	Yes	No	Sanitary landfills	Yes	No

23. Does the insured haul asphalt in owned vehicles? Yes No

If yes, what is the distance between plant and job sites (maximum distance)? \_\_\_\_\_

24. What method of traffic and pedestrian control is utilized by the insured?

\_\_\_\_\_

For traffic control operations, is this subcontracted out to fully insured subcontractors or is this performed by employees? \_\_\_\_\_

25. Does the insured own or operate:

Stationary hot mixing plant	Yes	No
Portable hot mixing plant	Yes	No
Gravel pit or quarry	Yes	No

26. During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for non-payment of premium by any insurance or finance company?

Yes No

If yes, please explain: \_\_\_\_\_

**FRAUD WARNINGS**

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 and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.) **(Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NM, NY, OK, OR, PA, PR, RI, TN, VA, WA, WV)**

**Applicable in Alabama, Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island, and West Virginia:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

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

**Applicable in 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in Florida and Oklahoma:** 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. (In FL, a person is guilty of a felony of the third degree.)

**Applicable in 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.

**Applicable in Kentucky:** 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.

**Applicable in Maine, 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 may include imprisonment, fines or a denial of insurance benefits.

**Applicable in Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**REPRESENTATIONS**

Verus Underwriting Managers, a Berkley Company, is authorized to make any inquiry in connection with this application. Signing this application does not bind Verus Underwriting Managers or the Company to provide or the Applicant to purchase the insurance.

This application, information submitted with this application, and all previous applications and material changes thereto of which Verus Underwriting Managers or the Company receives notice is on file with Verus Underwriting Managers and is considered physically attached to and part of the policy if issued. Verus Underwriting Managers and the Company will have relied upon this application and all such attachments in issuing the



policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify Verus Underwriting Managers, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**WARRANTY**

I/We warrant to Verus Underwriting Managers and the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should Verus Underwriting Managers and the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Verus Underwriting Managers or the Company.

It is understood and agreed that prior to the inception date of the policy no applicant knew, nor could have reasonably foreseen, any negligent act, error or omission or breach of professional duty, or personal injury or other circumstances that reasonably might result in a Claim covered by this policy.

<b>Name of Applicant:</b>		
<b>Signature of person authorized to execute on behalf of the applicant:</b>		<b>Date:</b>
<b>Print Name and Title of person authorized to execute on behalf of the applicant:</b>		
<b>Name and address of Broker:</b>		

**A copy of this application should be retained for your records.**