



BITCO INSURANCE COMPANIES

GRADING OF LAND/EXCAVATION/WATER AND/OR SEWER CONTRACTOR QUESTIONNAIRE

Customer Name: _____ Cust. # _____

Agent: _____

Customer's Website Address: _____

1. Description of Operations: _____

2. Total number of employees: _____ (average)

Total number of employees during peak season employment: _____

3. Firm's annual sales?

Current year: \$ _____ First year prior: \$ _____ Second year prior: \$ _____

4. Please indicate all operations performed by **your firm**.

What percent do they represent of your total **operations**?

What percent do they represent for your **Subcontracted Operations**?

	Commercial		Residential (Includes Subdivisions)		Apartments, Condos or Townhouses	
	% Your Work	% of Subcontracted Work	% Your Work	% of Subcontracted Work	% Your Work	% of Subcontracted Work
Grading of Land						
Excavation Work						
Landscape Work						
Sewer Construction						
Water Construction						
Street & Road Construction						
Landfill Construction						
Underground Tank Removal						
Horizontal/Boring or Directional Drilling						
Removal of Hazardous Materials such as Lead Paint or Asbestos						
Other: _____						



5. If performing residential (individual home or subdivision) grading or site development work, please indicate the percentage of work performed based on the number of lots included in each project:
 1 to 25 lots _____% 26 to 50 lots _____% 51 to 100 lots _____% over 100 lots _____%
6. If performing grading or site development work for apartments, condominiums, townhouses or other habitational buildings, please indicate the percentage of work performed based on the number of buildings in each project:
 0 to 5 bldgs. _____% 6 to 10 bldgs. _____% 11 to 15 bldgs. _____% over 15 bldgs. _____%

YES **NO**

7. Does your firm own or operate a construction and debris landfill?

8. **Does your firm ever act as a general contractor?**

9. Does your firm perform any of the following in conjunction with site development?

Sewer Construction

Water Construction

Curb and Gutter Construction

Street and Road Construction

10. Does your firm perform any of the following for governmental authorities?

Sewer Construction

Water Construction

Curb and Gutter Construction

Street and Road Construction

11. If the insured or subcontractor is doing horizontal boring or directional drilling, what are they boring under? _____

What are they boring for? _____

What are the distances of the boring/drilling (short distances/long distances)? _____

Are they performing underground conduit construction/cable installation?

Is the work performed in the city limits or out of town? _____

12. What locate service do you use to identify underground exposures? _____

Do you keep records of calls and diary for re-locates?

Do you use either still or video camera to document locates lines prior to digging?

What additional steps do you use to avoid underground hazards? _____



- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 13. Does your operation require blasting? If yes, attach a separate questionnaire. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you subcontract this operation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are explosives ever used in your operations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you provide 24-hour emergency repair service? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Has your company ever caused an interruption of utility service? | <input type="checkbox"/> | <input type="checkbox"/> |
| What utility? _____ | | |
| How long was the duration of the outage? (Number of hours) _____ | | |
| What was the cause and cost of the loss? _____ | | |
| 17. What type of trench collapse protection do you use? _____ | | |
| Are any operations subcontracted to others? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, estimated annual cost: \$ _____ | | |
| If yes, list operations subcontracted _____ | | |
| 18. Do you use a standardized written contract with all of your subcontractors? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your written contract been reviewed by your attorney? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the written contract have a hold harmless clause in your firm's favor? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the written contract require that you be named as additional insured on the subcontractor's general liability policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the written contract require the additional insured coverage to include completed operations coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, how long is the coverage required to be carried? _____ | | |
| What limits of general liability coverage does your written contract require your subcontractors to carry? _____ | | |
| 19. What measures are taken to protect the general public from the firm's activities? _____ | | |
| _____ | | |
| Are subcontractors required to provide a Certificate of Insurance? | <input type="checkbox"/> | <input type="checkbox"/> |

Job Site Safety

20. What types of traffic control do you use? _____
- _____
21. How are your employees and equipment protected from overhead power lines? _____
- _____
22. How is the equipment transported to the job site? _____
- _____
- Is the equipment left at the job site during nonworking hours?



How is the equipment protected from fire and theft at the job site? _____

Employees

23. What type of training is provided to employees? _____

24. Are applicants required to provide acceptable MVRs prior to hiring? YES NO

25. Are family members and employees allowed personal use of any vehicles? YES NO

Please describe: _____

26. Do you lease any Employees? YES NO

27. Does your firm ever hire temporary employees? YES NO

If yes, what are the typical duties assigned to temporary employees? _____

How are the temporary employees trained and supervised? _____

28. What is the average experience level of equipment operation? _____ Years

(Average years of experience per individual operator) _____

29. Employees are:

Non-union? YES NO

Union? YES NO

Combination of both? YES NO

(Excluding office staff and salespersons)

30. How does the firm verify that the land has been graded properly? _____

31. Is the graded, compacted soil tested to verify compliance to project specifications or industry standards? YES NO

If yes, who is responsible for the testing? _____

Firm's responsibility? YES NO

Other? YES NO

32. Does the firm obtain and retain records then verify the firm's work meets the project specifications or industry standards? YES NO

If yes, how long are the records kept? _____



YES **NO**

33. Do you work in areas with expansive, swelling or shifting soils?

When working with these soils, please describe what is done to stabilize the soil to prevent it from moving, shifting or subsiding? _____

34. Does your firm transport construction equipment to the work sites by your own vehicles or are public carriers used to transport the equipment:

Own vehicles?

Public carriers?

Both?

35. Does your firm perform any building demolition?

If yes, check off all types of structures you have demolished:

<input type="checkbox"/> Barns	<input type="checkbox"/> Sheds	<input type="checkbox"/> Residential Garage
<input type="checkbox"/> Single Family homes not over 2 stories in height	<input type="checkbox"/> Residential Structures (Apartment Buildings)	<input type="checkbox"/> Commercial Building not over 2 stories in height
<input type="checkbox"/> Industrial plant building	<input type="checkbox"/> Industrial Tanks, conveyors or boilers	<input type="checkbox"/> Water towers
<input type="checkbox"/> Radio/TV broadcasting towers	<input type="checkbox"/> Other: _____	

If the firm performs building demolition, is the site free of all hazardous material prior to demolition?

Who is responsible for the removal of all hazardous materials prior to demolition:

Firm's Responsibility?

Building Owner's Responsibility?

Other?

36. Does your firm have any off-season operations?

Snow Removal

37. Does your firm perform snow removal operations for hire?

Snow removal performed for:

Apartment Complexes?

Commercial Business?

Condominium, townhouse or similar associations?

Governmental entities?

Residential customers (private residential homes)?

Any major retail operations? Example: Walmart, Lowes, Home Depot, shopping centers, etc.

Indicate firms: _____



Snow removal operations includes:

- Parking lots? YES NO
- Sidewalks? YES NO
- City streets? YES NO
- State roads? YES NO
- County roads? YES NO
- Are ice melting chemicals applied in addition to snow removal? YES NO
- If yes, what type of product is used? _____
- Does your firm have a written standardized contract or agreement for the services performed? YES NO
- If yes, does the agreement have a hold harmless clause in your firm's favor? YES NO
- What are the firm's estimated average annual receipts and payroll from snow removal operations:
 Annual Receipts? _____ Annual Payroll? _____

Consolidated Insurance Program (Owner Controlled or Contractor Controlled Insurance Programs)

- 38. Have you been involved in any project covered under a Consolidated Insurance Program, such as an Owner Controlled Insurance Program (OCIP) or a Contractor Controlled Insurance Program (CCIP)? YES NO
 How much work do you do annually for these types of projects? Annual job cost \$ _____
 Do you anticipate your work on these projects:
 Increasing? YES NO
 Decreasing? YES NO
 Remaining the same? YES NO
- 39. Does your firm follow proper storage procedures for all hazardous chemicals used? YES NO
- 40. Do you loan or lease equipment **to** others? YES NO
 If yes, what are the annual receipts? _____
 If yes, equipment rented **with** operator? YES NO
 If yes, equipment rented **without** operators? YES NO
- 41. Do you lease equipment **from** others? YES NO
 If yes, what are your total annual expenses from equipment leased from others? _____
- 42. Do you engage in contract hauling for others? YES NO
 If yes, what are the annual receipts for contract hauling? _____
 If yes, what items are hauled? _____



YES **NO**

43. Does your firm employ an individual for general equipment maintenance? YES NO
Does your firm keep records for general equipment maintenance performed? YES NO
Does your firm employ an individual for auto fleet maintenance? YES NO
Does your firm keep records for auto fleet maintenance performed? YES NO
44. Does your firm have a written general safety program? YES NO
45. Does your firm conduct weekly project safety meetings? YES NO
46. Does your firm have a written fleet safety program? YES NO
47. Does your firm document the safety meetings held? YES NO
48. Does your firm have a drug testing program? YES NO
If yes, testing is provided by: _____
49. Do you belong to a professional association? YES NO
If so, which one? _____

Named Insureds

50. If you will be requesting insurance coverage for more than one named insured on your insurance policy, please describe the individual operations or interest of each proposed insured.

Named Insured:	Operations:



