

**Application for the Scaffolding Contractors Program**

**SECTION I – GENERAL INFORMATION** **PLEASE COMPLETE EVERY ITEM OR INDICATE N/A**

1. Name of Applicant: \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_  
 DBA (if applicable): \_\_\_\_\_ FEIN: \_\_\_\_\_  
**Do you conduct business under any other names?:**  Yes  No *If yes, please list these names on the supplemental form.*

2. Mailing Address: \_\_\_\_\_  
 (Street)  
 \_\_\_\_\_  
 (City) (State) (Zip Code)  
 Physical Address: \_\_\_\_\_  
 (Street)  
 \_\_\_\_\_  
 (City) (State) (Zip Code)  
**Do you have any other locations?:**  Yes  No *If yes, please list these locations on the supplemental form.*

3. Business Owner(s): \_\_\_\_\_ Percentage(s) of Ownership: \_\_\_\_\_  
 \_\_\_\_\_

4. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_

5. Business Type (*Individual, Partnership, Corporation, Etc.*): \_\_\_\_\_

6. Number of years in business under the above name: \_\_\_\_\_  
 Additional years of Owner's experience: \_\_\_\_\_ Additional years of Manager's experience: \_\_\_\_\_  
**If applicable, describe Owner's prior scaffolding experience:** \_\_\_\_\_  
**If applicable, describe Manager's prior scaffolding experience:** \_\_\_\_\_

7. Has the applicant/owner operated under any other name within the last 10 years or does the applicant/owner currently own any other entities and/or operate any other businesses?:  Yes  No *(If yes, please answer A-C)*  
 A. Provide name and describe operations: \_\_\_\_\_  
 B. Is the entity/business still active?:  Yes  No  
 C. If still active, is there separate General Liability insurance in place for their operations?:  Yes  No

**SECTION II – RISK MANAGEMENT** **PLEASE COMPLETE EVERY ITEM OR INDICATE N/A**

1. Describe the Owner's duties or involvement in the daily operations: \_\_\_\_\_  
 2. Describe the Manager's duties or involvement in the daily operations: \_\_\_\_\_  
 3. Do you have a written safety policy and follow safe practices for the use of equipment?:  Yes  No

4. Do you conduct regular safety meetings (e.g. tool-box meetings)?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have written procedures in place for incident reporting?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you use an accident reporting form?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>A. If yes, do you retain a copy of each completed accident report form for a minimum of 5 years?:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you an active member of any state and/or national trade association (e.g. ARA, SIA, AED)?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>A. If yes, please list:</b> _____	

<b>SECTION III – OPERATIONS</b>		<b>PLEASE COMPLETE EVERY ITEM OR INDICATE N/A</b>	
1. In which states do you operate?: _____			
2. Do you perform any construction operations (other than scaffold erection/dismantling)?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>A. If yes, please describe:</b> _____	
3. Do you manufacture any products?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>A. If yes, please list:</b> _____	
4. Do you perform any work while located within 50 feet of a Railroad?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>A. For which Railroad Company?:</b> _____	
<b>B. Please describe the type of work you perform:</b> _____			

<b>PART A – SALES</b>			
<b>IF YOUR OPERATIONS DO NOT INCLUDE ANY SALES, PLEASE CHECK THIS BOX <input type="checkbox"/> AND SKIP TO PART B.</b>			
1. Are all of your products manufactured and/or purchased in the United States?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>A. If no, are all foreign products purchased from a U.S. Distributor?:</b>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
2. Do you sell any used equipment?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>A. If yes, please describe the type(s) of used equipment:</b> _____	
3. Prior to completing the sale, do you always demonstrate the proper use of each piece of equipment for each customer?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>A. If no, please explain why this would no be done:</b> _____	
4. Prior to completing the sale, are written safety instructions provided for each customer?:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Are you listed as an Additional Insured and/or Vendor on any of your Manufacturer's/Supplier's General Liability policies?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>A. If yes, please list the applicable Manufacturer's/Supplier's name and corresponding product line:</b>	
_____			

<b>PART B – RENTAL (OF EQUIPMENT TO OTHERS)</b>			
<b>IF YOUR OPERATIONS DO NOT INCLUDE ANY RENTAL, PLEASE CHECK THIS BOX <input type="checkbox"/> AND SKIP TO PART C.</b>			
1. Do you rent equipment with operators?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>A. If yes, what percentage of your overall sales includes rental with operators?:</b> _____	
2. Prior to the rental, do you find out from each customer how your equipment is going to be used?:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Prior to the rental, do you demonstrate how to properly use each piece of equipment for each customer?:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Prior to the rental, are written safety instructions provided to each customer?:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Do you rent Aerial Reach Equipment?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>A. If yes, are you in compliance with ANSI/SIA A92?:</b>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
6. Is an identification number affixed to each piece of motorized equipment?:	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Do you have specific procedures in place for check-out and check-in of all non-serialized items?:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Do you have a specific area in your shop and/or yard for returns?:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**PART C – ERECTION AND/OR DISMANTLING**

**IF YOUR OPERATIONS DO NOT INCLUDE ANY ERECTING AND/OR DISMANTLING, PLEASE CHECK THIS BOX  AND SKIP TO PART D.**

1. Do you obtain evidence of in-force Professional Liability coverage from all hired/contracted Design Engineers?:  N/A  Yes  No  
**A. If yes, do you maintain documentation of this coverage for a minimum of 5 years?:**  Yes  No

2. Do you design for others (i.e. when you do not perform the associated erection work)?:  Yes  No

3. Do you erect and/or dismantle non-owned scaffolding (i.e. your operations do not include any equipment sales/rental)?:  Yes  No

4. Have all Supervisors/Foremen successfully completed the Scaffold Industry Association's specialized training courses?:  Yes  No  
**If no, please answer A-B**  
**A. What type of industry training have they completed?:** \_\_\_\_\_  
**B. How many years of on-the-job experience are required before they can supervise a job site?:** \_\_\_\_\_

5. Have your employees, whose duties include the erection, moving, dismantling, repairing and/or alteration of scaffolding, been trained by an individual who has successfully completed Competent Person Training?:  Yes  No

6. Prior to beginning a job, do you verify with each customer the intended use of your equipment as it relates to equipment design and Installation?:  Yes  No

7. Prior to beginning a job, do you provide each customer with written safety instructions?:  Yes  No

8. Do your employees ever perform any welding?:  Yes  No  
**A. If yes, please describe these operations:** \_\_\_\_\_

9. If you make any alterations to equipment, are the alterations in compliance with Manufacturer's specifications?:  N/A  Yes  No

10. Do you hire Subcontractors?:  Yes  No **(If yes, please answer A-G)**  
 A. What percentage of your total operations is subcontracted to others?: \_\_\_\_\_  
 B. What are your annual subcontracted costs?: \_\_\_\_\_  
 C. What type of work is subcontracted to others?: \_\_\_\_\_  
 D. Do you obtain a certificate of insurance from each Subcontractor evidencing General Liability limits of at least \$1,000,000/\$2,000,000?:  Yes  No  
 E. Do you require all Subcontractors to add you onto their policy as an Additional Insured?:  Yes  No  
 F. Do you require all Subcontractors to contractually hold you harmless?:  Yes  No  
 G. All all certificates of insurance kept on file for a minimum of 5 years?:  Yes  No

11. Do you provide each customer with a complete inventory of all serialized equipment used?:  Yes  No

12. Upon completion of scaffolding erection job, is a checklist always completed by your Supervisor/Foreman?:  Yes  No  
**A. If yes, is it always signed by a qualified representative of the customer verifying the correctness of the job?:**  Yes  No

13. Are completed jobs videotaped and/or photographed?:  Yes  No

14. After dismantling, is all equipment inspected, sorted and inventoried?:  Yes  No

15. Please provide a listing of your 5 largest jobs:

	Description of Work Performed – Including Location and Number of Stories	Date	Cost of Job
1.			
2.			
3.			
4.			
5.			

**PART D – RENTAL (OF EQUIPMENT TO OTHERS) AND/OR ERECTION AND/OR DISMANTLING  
IF YOUR OPERATIONS DO NOT INCLUDE ANY RENTAL, ERECTING AND/OR DISMANTLING, PLEASE CHECK THIS  
BOX  AND SKIP TO SECTION V.**

1. Is all equipment inspected and inventoried upon return to your shop/yard?:  Yes  No
2. Is all damaged equipment red-tagged and and kept separate from the undamaged equipment?:  Yes  No
3. Is all damaged equipment repaired, destroyed or discarded?:  Yes  No
4. Is regular preventative maintenance performed in compliance with the Manufacturer's specifications?:  Yes  No  
**A. If yes, how is this documented?:** \_\_\_\_\_
5. Do you maintain inspection, maintenance and repair records for all equipment?:  Yes  No  
**A. If yes, are these records kept on file for a minimum of 5 years?:**  Yes  No

**SECTION IV – SALES**

**PLEASE COMPLETE EVERY ITEM OR INDICATE N/A**

1. Please provide your Total Estimated Annual Gross Sales for **ALL** operations: \_\_\_\_\_
2. Please provide your Estimated Annual Gross Sales for all applicable operations listed **below**:

EQUIPMENT TYPE	EQUIPMENT SALES (RETAIL AND/OR WHOLESALE)	EQUIPMENT RENTAL (TO OTHERS) – WITHOUT ERECTION OR DISMANTLING	EQUIPMENT RENTAL (TO OTHERS) – WITH ERECTION AND/OR DISMANTLING	EQUIPMENT SERVICE AND/OR REPAIR	ERECTION AND/OR DISMANTLING OF NON-OWNED EQUIPMENT
Ladders					
Scaffolds					
Rolling Scaffolding Towers					
Planks					
Construction Elevators					
Trash and/or Debris Chutes					
Scaffolding Tarps					
Duraclad Sheeting and/or Debris Netting					
Sidewalk Bridging and/or Sheds					
Shoring and/or Forming					
Bleachers					
Temporary and/or Permanent Swing Stages					
Hoists and/or Suspended Platforms					
Mast Climbing Work Platforms					
Mobile Work Platforms (e.g. Aerial Reach Equipment) – <b>Without</b> Operators					
Mobile Work Platforms (e.g. Aerial Reach Equipment) – <b>With</b> Operators					

EQUIPMENT TYPE	EQUIPMENT SALES (RETAIL AND/OR WHOLESALE)	EQUIPMENT RENTAL (TO OTHERS) – WITHOUT ERECTION OR DISMANTLING	EQUIPMENT RENTAL (TO OTHERS) – WITH ERECTION AND/OR DISMANTLING	EQUIPMENT SERVICE AND/OR REPAIR	ERECTION AND/OR DISMANTLING OF NON-OWNED EQUIPMENT
Contractors Equipment NOC <b>Without</b> Operators					
Contractors Equipment NOC <b>With</b> Operators					
Safety Gear (e.g. Fall Protection Equipment)					
Other – <b>Please describe below:</b>					

**SECTION V – PRIOR INSURANCE** **PLEASE COMPLETE EVERY ITEM OR INDICATE N/A**

1. Please provide details about your General Liability coverage for the last 5 years:

Year	General Liability Insurance Company	Total Annual Sales	General Liability Limit	General Liability Deductible	General Liability Premium

2. In the past 5 years, has your General Liability insurance been declined, cancelled or non-renewed?:  Yes  No  
**A. If yes, please explain why:** \_\_\_\_\_

**SECTION VI – CLAIMS HISTORY** **PLEASE COMPLETE EVERY ITEM OR INDICATE N/A**

1. Please provide details for the last 5 years – if none, please state “none”:

Date of Loss	Description of Loss	Total Incurred

**PLEASE ATTACH A COPY OF EACH OF THE FOLLOWING ITEMS: 1) 5 YEAR, CURRENTLY VALUED, INSURANCE CARRIER LOSS RUNS. 2) YOUR SAFETY MANUAL. 3) YOUR COMPANY EMPLOYEE HANDBOOK. 4) YOUR SALES CONTRACT. 5) YOUR RENTAL CONTRACT. 6) YOUR ERECTION/DISMANTLING CONTRACT. 7) YOUR SERVICE AND/OR REPAIR CONTRACT. 8) YOUR EQUIPMENT MAINTENANCE LOG OR TAGGING SYSTEM. 9) YOUR COMPANY EQUIPMENT MAINTENANCE MANUAL.**

**Scaffolding Contractors Program - Supplemental Form for Additional Named Insureds and Locations**

**Name of Applicant:** \_\_\_\_\_

**Please complete the following information for each Named Insured to be listed on the policy(ies):**

Name	Interest (e.g. Building Owner, Business Name in a Specific State, etc)	FEIN	Name(s) of Company Owner(s) and Percentage of Ownership for Each

**Please complete the following information for each location to be listed on the policy(ies):**

Address	Description of Location (e.g. Office, Shop, etc.)	Are Company Vehicles Garaged at This Location?	Is Company Equipment Kept at This Location?

## Applicant's Signature

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES, PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ., CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): \_\_\_\_\_

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person knowingly (or willfully) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** 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 FL and OK:** 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)\*. -Applies in FL Only.

**Applicable In KS:** 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 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 KY, NY, OH and PA:** 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 to exceed five thousand dollars and the stated value of the claim for each such violation)\*. -Applies in NY Only.

**Applicable in ME, TN, VA and WA:** 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 and denial of insurance benefits. \*Applies in ME Only.

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

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable In PR:** 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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION, HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE: \_\_\_\_\_ PRODUCER'S NAME (please print): \_\_\_\_\_

STATE PRODUCER LICENSE NO. (required in Florida): \_\_\_\_\_ NATIONAL PRODUCER NUMBER: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_