



Scaffolding Contractors Program Underwriting Application

Ascinsure Specialty Risk

444 Liberty Avenue, Suite 400, Pittsburgh, PA 15222

Phone: (800) 569-9427 Fax: 1-888-316-8602

www.ascinsure.com

Quoting General Liability, Automobile, Workers Compensation, Excess Liability, Property, Inland Marine and MORE **Availability may vary by state**

Select Box for Line(s) You Want Quoted

General Liability Automobile Workers Compensation Excess Liability Property Inland Marine Other _____

SECTION I: General Information (PLEASE COMPLETE EVERY ITEM OR INDICATE N/A)

1. Name of Applicant: _____ Requested Effective Date: _____

DBA (if applicable): _____ FEIN: _____

2. Address: _____
(Street)

(City) (State) (Zip Code)

* Please see Acord 125 for additional named insureds & locations and/or complete the Named Insured Supplemental Application

3. Business Owner(s): _____ Percentage(s) of Ownership: _____ %
_____ %

4. Phone: _____ Email: _____
Fax: _____ Website: _____

5. Business Inception Date: _____
Additional years of Owner's experience: _____

If applicable, describe owner's prior scaffolding experience: _____

6. Do you currently own any other entities and/or operate any other business? Yes No If Yes please complete the Named Insured Supplemental Application

SECTION II: Risk Management (PLEASE COMPLETE EVERY ITEM)

1. Describe the Owner'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)? Yes No

5. Do you have written procedures in place for incident reporting? Yes No

6. Do you use an accident reporting form? Yes No
If yes, do you retain a copy of each completed accident report form for a minimum of 5 years? Yes No

7. Are you an active member of any state and/or national trade association (e.g. ARA, SIA, AED)? Yes No

If yes, please list: _____

SECTION III: Automobile (PLEASE COMPLETE EVERY ITEM OR INDICATE 'N/A' IF NO AUTO QUOTE IS NEEDED)

1. Do you rent or short-term lease vehicles?: (If yes, please answer questions A-B) N/A
A. How many vehicle rented each year _____ Yes No
B. What is the annual amount spent to rent autos? _____
2. Do your employees take vehicles home at night? (if yes, please answer questions A-B) Yes No
A. Which Vehicles?: _____
B. Which Employees take vehicles home?: _____
3. Are employee's family members allowed to use company vehicles?: Yes No
A. If yes, please explain when and provide copy of company standards for this:

4. Do you require any Federal, State, or Local filings? (MCS-90, Form E, BMC 91X, Motor Carrier filings) Yes No
If 'Yes', provide your MCC #: _____ DOT #: _____

SECTION IV: Operations (PLEASE COMPLETE EVERY ITEM OR INDICATE N/A)

1. In which states do you operate?: _____
2. Do you perform any construction operations? (other than scaffold erection/dismantling) Yes No
If yes, please describe: _____
3. Do you manufacture any products?: Yes No
If yes, please describe: _____
4. Do you perform any work while located within 50 feet of a railroad? Yes No
If yes, for which railroad company?: _____
Please describe the type of work you perform: _____

Part A: Sales If your operations **DO NOT** include any sales, please check this box and skip to **Part B** N/A

1. Are all of your products manufactured and/or purchased in the United States?: Yes No
If no, are all foreign products purchased from a U.S. distributor?: Yes No
2. Do you sell any used equipment?: Yes No
If yes, please describe the type(s) of used equipment: _____
2. Prior to completing the sale, do you always demonstrate the proper use of each piece of equipment for each customer?: Yes No
If no, please explain why this would not be done: _____
4. Prior to completing the sale, are written safety instructions provided for each customer?: Yes No
5. Are you listed as an Additional Insured and/or Vendor on any of your Manufacturer's/Supplier's General Liability policies?: Yes No
If yes, please list the applicable Manufacturer's/Supplier's name and corresponding product line:

PART B: Rental (of equipment to others)

If your operations **DO NOT** include any rental, please check this box and skip to **part C** N/A

1. Do you rent equipment with operators?: Yes No
If yes, what percentage of your overall sales includes rental with operators?: _____
2. Prior to the rental, do you find out from each customer how your equipment is going to be used?: Yes No
3. Prior to the rental, do you demonstrate how to properly use each piece of equipment for each customer?: Yes No

4. Prior to the rental, are written safety instructions provided to each customer?: Yes No
5. Do you rent Aerial Reach Equipment?: Yes No
If yes, are you in compliance with ANSI/SIA A92?: Yes No
6. Is an identification number affixed to each piece of motorized equipment?: N/A Yes No
7. Do you have specific procedures in place for check-out and check-in of all non-serialized items?: Yes No
8. Do you have a specific area in your shop and/or yard for returns?: Yes 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** N/A
1. Do you obtain evidence of in-force Professional Liability coverage from all hired/contracted design engineers?: N/A Yes No
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
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?: (If yes, please answer A-G) Yes No
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. Are 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
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

PART D: Inventory Management

If your operations **DO NOT** include any rental, erecting and/or dismantling please check this box and skip to SECTION V.

N/A

1. Is all equipment inspected and inventoried upon return to your shop/yard? Yes No
2. Is all damaged equipment red-tagged 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?
If yes, how is this documented?: _____ Yes No
5. Do you maintain inspection, maintenance and repair records for all equipment? Yes No
If yes, are these records kept on file for a minimum of 5 years?: Yes No

SECTION V: Sales Breakout

Please provide your Estimated Annual Gross Sales for all applicable operations listed below:

EQUIPMENT TYPE	EQUIPMENT SALES (RETAIL AND/OR WHOLESALE) 11204	EQUIPMENT RENTAL (TO OTHERS) – <u>WITHOUT</u> ERECTION OR DISMANTLING 11211	EQUIPMENT RENTAL (TO OTHERS) – <u>WITH</u> ERECTION AND/OR DISMANTLING 11212	EQUIPMENT SERVICE AND/OR REPAIR 97223	ERECTION AND/OR DISMANTLING OF NON-OWNED EQUIPMENT 97653
Supported Scaffold Frame/System					
Mechanized- Mast Climbers, Construction Hoists, Personnel Elevators					
Suspended/Swing Staging					
Shoring- Temporary					
Bleachers/Staging					
Other- Describe:					
Subtotals					

Please provide your Total Estimated Annual Gross Sales for **ALL** operations: _____

SECTION VI: Additional Information

Please Include with this Application:

- a. Signed and Completed ACORDS for each lines quoting
- b. Copy of Rental Contract
- c. 5 Years of Currently Valued Loss Runs
- d. Safety Manual Table of Contents

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 NAME (PLEASE PRINT): _____ **PRODUCER'S SIGNATURE:** _____

STATE PRODUCER LICENSE NO. (required in Florida): _____ **NATIONAL PRODUCER NUMBER:** _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____