



Scaffolding Contractors Program Renewal Application

Ascinsure Specialty Risk
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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: _____

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

1. Do you rent or short-term lease vehicles?: (If yes, please answer questions A-B) Yes No

A. How many vehicle rented each year _____

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

1. Within the last year, have there been any changes to your Organization Structures (i.e. states, construction operations, MFG) and/or your Business Operations? Yes No
If yes, please describe: _____
2. Within the last year, did you have any new insured businesses or entities? Yes No
If yes, please describe: _____
3. Do you perform any construction operations? (other than scaffold erection/dismantling) Yes No
If yes, please describe: _____
4. Do you manufacture any products?: Yes No
If yes, please describe: _____
5. Are all your products manufactures and/or purchased in the United States? Yes No
If no, are all foreign products purchased form a US Distributor? Yes No
6. Do you sell any used equipment? Yes No
If yes, please describe the types of equipment: _____
7. Do you rent equipment with operators? (other than scaffolding) Yes No
If yes, what percentage of your sales come from these operations? _____%
8. 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 for this coverage for a minimum of 5 years? Yes No
9. Do you design for others (i.e. when you do not perform the associated erection work?) Yes No
10. Do you erect and/or dismantle non-owned scaffolding?
(i.e. your operations do not also include any equipment sales/rental) Yes No
11. Do you perform any work while located within 50 feet of a Railroad? Yes No
12. Do you perform welding? Yes No
13. Do you perform alterations? Yes No
14. 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

SECTION IV: Sales Breakout

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

EQUIPMENT TYPE <i>Class Code</i>	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:					
Subtotal					

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

SECTION V: 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

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:** _____