

Horizon E & S Tel: (805) 494-6553 Fax: (805) 494-6778		Land Improvement Contractors Program (LICP) Supplemental Application	
Account Name		Producer Name	
Account Contact Name		Producer e-mail address	
Account web site address	Account e-mail address	Date Completed	

PLEASE ATTACH A LIST OF THE RISK'S JOBS (JOB LIST) FOR THE LAST TWO YEARS AS WELL AS A LIST OF THE JOBS COMMITTED TO FOR THE NEXT 12 MONTHS.

Definitions of *italicized terms* are provided at the end of this supplemental application.

ELIGIBILITY

1 Enter the percentage of the risk's own payroll and/or sales that emanate from the following operations. Exclude work that the risk subcontracts when determining eligibility percentages.

- Percentages based on: (check one) Payroll or Sales
- a. Grading of Land _____ %
 - b. Irrigation or Drainage System Construction _____ %
 - c. Excavation _____ %
 - d. Driveway, Parking Lot or Sidewalk-Paving or Repaving _____ %
- TOTAL** _____ %

If the total is **less than 70%** the account is **ineligible** for the LICP program.
Please refer to the SRBC and UUCP programs to determine if account may be eligible for one of these programs.

2 Does the insured communicate with the One-Call Service Center and the area utility owners that are not members of the One-Call Service Center prior to all scheduled excavation work? Yes No
If **No**, the account is **ineligible** for the LICP program.

- 3 Does the insured get involved in any of the following operations?
- a. Blasting for others Yes No
 - b. Crane rental to others Yes No
 - c. Dam construction, including cofferdams and caisson building Yes No
 - d. *Environmental remediation* Yes No
 - e. Flood control prevention Yes No
 - f. Garbage or refuse dumps Yes No
 - g. Hauling underground storage tanks or contaminated soil or cutting/breakdown of the tanks Yes No
 - h. Landfill operations, construction or closure operations – past, present or future Yes No
 - i. Levee or breakwater construction Yes No

- j. Local trucking for hire (other than sand/gravel hauling <25% of total shipments) Yes No
- k. On-site waste treatment Yes No
- l. Operations conducted in an oil field Yes No
- m. Pile driving for structure foundation Yes No
- n. Railroad construction Yes No
- o. Subway construction Yes No
- p. Telephone, telegraph or cable line construction involving overhead exposures or work at heights Yes No
- q. Tunneling where employees are working under air pressure (pneumatic) Yes No
- r. Underground storage tank removal >5% of total revenue or >12 tanks per year Yes No
- s. Underpinning buildings Yes No
- t. Work from barges or any other type of flotation vessel Yes No

If **Yes** to any of the above, the account is **ineligible** for the LICP program.

4 Is the account a one-person operation with no employees? Yes No

If **Yes**, the account is **ineligible** as new business for the LICP program.

5 Does the insured get involved in any of the following operations?

- a. Airport work Yes No
- b. Blasting for their own jobs Yes No
- c. Equipment rental with operator Yes No
- d. Equipment rental without operator Yes No
- e. Nighttime operations Yes No
- f. Sand/gravel hauling for others Yes No
- g. Snow plowing operations Yes No
- h. Tunneling operations involving man entry into the tunnel or encasement Yes No
- i. Waste treatment plant construction Yes No
- j. Work over waterways Yes No
- k. Wrecking/demolition work Yes No

6 Has the risk been cited for any OSHA violations in the last three years? **If yes**, please explain further. Yes No

7 Enter the percentage of the risk's own payroll and/or sales that emanate from new residential or commercial work from the following operations:

Site preparation including rough and finish grading?	_____%	Soil compaction	_____%
Building site pad preparation	_____%	Soil stabilization	_____%
Foundation form construction	_____%	Foundation design	_____%
Concrete pouring for foundations	_____%	Foundation pier hole drilling	_____%

8. Risk is operating as: (Definitions of *italicized terms* are provided on page 7.)

<input type="checkbox"/> <i>Construction Manager</i> _____%	<input type="checkbox"/> <i>General Contractor</i> _____%	<input type="checkbox"/> Subcontractor _____%
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9. Indicate the **average** percentage of the risk's TOTAL payroll or sales **during the past 5 years** for the following:
 Percentages based on: (check one) Payroll or Sales

COMMERCIAL WORK				_____%
INDUSTRIAL WORK				_____%
HABITATIONAL WORK				
Please complete if the risk does any habitational work.				
HABITATIONAL WORK BREAKDOWN	% NEW or MAJOR REHAB/ RENOVATION	+	% SERVICE OR MAINTENANCE	=
<input type="checkbox"/> CONDOMINIUMS (High And Low Rise)	_____%	+	_____%	= _____%
<input type="checkbox"/> MULTI-FAMILY OWNED DEVELOPMENTS (including townhouses)	_____%	+	_____%	= _____%
<input type="checkbox"/> TRACT HOUSING	_____%	+	_____%	= _____%
<input type="checkbox"/> TRIPLEXES AND DUPLEXES	_____%	+	_____%	= _____%
<input type="checkbox"/> CUSTOM HOMES (INCLUDING APTS)	_____%	+	_____%	= _____%
<input type="checkbox"/> Other	_____%	+	_____%	= _____%
OTHER WORK: (PLEASE DESCRIBE)				_____%
TOTAL (TOTAL SHOULD EQUAL 100%)				_____%

10. List the states the insured worked in during the last 5 years:

11. Does the risk have any future plans related to work involving apartments, condos, townhouses, tract homes, custom homes or homes of unusual design? Yes No

If **Yes**, please describe.

12. Has the risk ever been named in claims and/or litigation regarding faulty or defective construction or workmanship, including claims due to *subsidence* issues or use of *EIFS*? Yes No

a. If **Yes**, was risk acting as a general or sub-contractor? Yes No

b. If **Yes**, was it a habitational or commercial project? Yes No

c. Provide detail on claims/litigation and how the issue was corrected.

13. Does risk have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action? Yes No

If **Yes**, please describe.

If the answers to questions **11, 12 or 13** are **Yes**, please discuss the risk with your underwriter.

14. Any current or past involvement with *wrap-up/OCIP*? Yes No

Any residential *wrap-ups*? Yes No

15. Does the risk have a quality control program? Yes No
 If **Yes**, is it (check one) Informal Documented

16. Does the risk retain job files? Yes No
 If **Yes**, how long are they retained?

17. Does the risk hire subcontractors? Yes No

a. If **Yes**, list the types of work subcontracted.

- b. Does the risk obtain certificates of insurance from all subcontractors? Yes No
- c. Does the risk require all subcontractors to carry primary limits equal to or greater than their own? Yes No
- d. Is the risk named as an additional insured on all subcontractors' policies? Yes No
- e. Does the risk use written subcontractor agreements containing hold harmless/indemnity agreements in favor of the risk? Yes No

18. Indicate the types of subcontractor agreements the risk typically signs.

- Standard (AGC, AIA contracts) Custom Other

19. Does the risk have an architect or engineer on staff? Yes No

- a. If **Yes**, does the risk carry professional liability insurance? Yes No
- b. If **No**, does the risk require that the architect or engineer carry his/her own professional liability insurance? Yes No

20. Is the insured a member of any trade associations? (If yes, please list them) Yes No

The answer to this question is optional. Membership in an association is not a requirement for insurability in any program.

HISTORICAL EXPOSURE

	Expiring Year Term: _____	1 st Prior Year Term: _____	2 nd Prior Year Term: _____	3 rd Prior Year Term: _____	4 th Prior Year Term: _____
Premium					
General Liability Payroll					
Receipts					

POINTERS

The following pointers are required for all contractors in the LICP program:

RISK TRANSFER

- Certificates of insurance are obtained from all sub-contractors with limits of liability equal to our contractor's policy.
- Verify that all sub-contractors follow industry requirements as well as applicable state and local codes.
- Obtain written agreements including hold harmless/indemnity clauses and verify that they are in favor of the contractor.
- Verify that the contractor is named as additional insured on all sub-contractors' policies on a primary and non-contributory basis.
- In the event that the insured is a sub-contractor and is requested to add the general contractor or owner as an additional insured, obtain a copy of the contract being agreed to for review and determine if all sub contractors are adding GC/owner on their policies as well.
- Determine whether insurance is being requested for primary and non-contributory additional insured. This language is included in our blanket additional insured form and may not be appropriate.
- Ask if there are any verbal agreements with the contractor.
- Ask if the insured has had their contracts reviewed by a "Contract Specialist" attorney since 1/1/95. Many contracts have been revised since 1995. It is good practice to have a legal review every 3-5 years.

RISK CONTROL

- The contractor employs a full-time safety director and has a written safety program.
- The safety program includes driver selection and training requirements.
- The contractor has a drug testing program.
- The contractor has a written quality control program.

EXCAVATION WORK

All Excavations

21. Does the contractor communicate with the One-Call Service Center **and** non-members of the center a minimum of 48 hours before the job begins (or per state regulations)? Yes No
22. Is the route of excavation white lined before the utility locator arrives on site? Yes No
23. Does the contractor do hand digging within 18 inches to 24 inches (depending on state regulations) from the center of the utility line? Yes No
24. Does the contractor request new locates for excavations incurring extended time requirements (10 days or more) and following inclement weather? Yes No
25. Are photographs or videos are taken before and after the excavation? Yes No

High Priority/Critical Jobs

The contractor needs to ask the utility owner if this job is considered a high priority or critical job. Some job examples would be high pressure water or gas pipe, power transmission lines, 15-pair communication cable, Sonet Ring Architecture Fiber Optics, etc.

In addition to the five requirements noted above, does the contractor:

26. Schedule a pre-excavation meeting on the job-site with the facility owner and prime contractor? Yes No
27. Utilize pot holing, air knives, or vacuum excavation techniques to verify utility locates? (A substitute for pot holing would be the excavator's use of state of the art locating equipment.) Yes No
28. Map the coordinates of the locates in relation to a stationary object(s), such as a tree, building, fence, etc.? Yes No

Please complete if umbrella is needed.

Personal Usage

29. Does the insured allow anyone to take vehicles home? Yes No
If so, who and how many?
30. Do they have written guidelines on personal use of company vehicles? Yes No
31. Do they allow family members to drive the company cars? Yes No
32. Do they report personal usage as additional income? Yes No

DEFINITIONS

Construction Manager: Construction management takes two forms - "pure agency" construction management and "at risk" construction management. "A pure agency construction manager" is an agent of the owner, neither designing nor constructing the project. Instead, the manager administers the construction contract throughout the planning, design and construction phases of the project. An "at risk construction manager" provides construction advice and construction leadership on a project during the planning and design stages and also provides construction leadership, contract management, direction, supervision, coordination and control of the work during the construction phase.

EIFS: Exterior Insulation Finishing Systems - multi-layered exterior wall systems (which resemble stucco in appearance) that are used on both commercial buildings and residential homes.

Environmental Remediation: The construction of a utility line to remove hydrocarbons, leachate, or other environmental impairments.

General Contractor: A contractor who subcontracts work to others in excess of 50% of its total receipts, exercises primary control of the job site, and is named in the construction documents as the general contractor of record.

Habitational Work: Condominiums, duplexes, triplexes and townhouses.

Subsidence: Any movement of land or earth including: landslides; mudflow; earth sinking, rising, and shifting; collapse or movement of fill, earth settling, slipping, falling away, caving in, eroding or tilting; and earthquake.

Tract Housing: Developments where the houses are similar in price, physical characteristics, lot size and square footage; numerous houses of similar or complementary design constructed on a given expanse of land.

Trenchless Excavation Construction (TEC): In the past, the most common method for this type of utility line construction was auger boring, in which the casing pipe is simultaneously jacked through the earth while removing the spoil inside the encasement by means of a rotating flight auger. When this method was developed the maximum bore length was 40-70 feet or the width of a two-lane road. In more recent years, trenchless excavation construction (TEC) has rapidly evolved to encompass many different methods and enhanced equipment has increased the maximum bore lengths to as much as 6,000 feet depending on the method and soil conditions. As a result, TEC methods are not limited to street crossings and are used for "tunneling" beneath railroad crossings, airport runways, buildings, large open areas/parks, or wherever minimal disruption to the topography is desired.

Wrap-up (OCIP): A policy providing coverage(s) for all interests in a major construction project. Also known as an OCIP (Owner Controlled Insurance Program) or a CCIP (Contractor Controlled Insurance Program).

WORKERS COMPENSATION

(IF YOU WANT A WORKERS COMPENSATION QUOTE PLEASE COMPLETE THIS SECTION)

RISK MANAGEMENT

Hiring Practices:

33. Do you have check references for new hires? Yes No
34. Do you conduct pre-employment drug testing? Yes No
35. Do you conduct pre-employment physicals? Yes No
36. Do you conduct pre or post employment road tests for drivers? Yes No

Pre-Lost Procedures:

37. Do you have a Safety Director? Yes No
38. Do you have a Formal Safety Program?
If yes, how does Management support it? Yes No
39. Do you have Safety Training? Yes No

If yes, what is the frequency of the training?	
Is attendance mandatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No

40. Do you have tailgate safety meetings? Yes No

Post-Lost Procedures:

41. Do you have a Return-to-Work Program?
If yes it is written and formal? Yes No

MANAGEMENT

42. What is your employee turnover ratio? Yes No

Employee Stability:

43. What is the average tenure of your employees? Full time _____ Part time _____
44. Do you use temporary employees? Yes No
45. Do you promote temporary employees to permanent? Yes No
46. What is your employee turnover ratio?

Employee Relations:

47. Do you provide employee benefits? Yes No
48. Do you subsidize the cost of benefits? Yes No
49. How does your pay scale compare with the industry in your locale?

HISTORICAL EXPOSURE

	Expiring Year	1st Prior Year	2nd Prior Year	3rd Prior Year	4th Prior Year
Premium:					
Workers Comp Payroll					
Experience Modifier					
Currently Valued Losses					

Please attach the current experience modification worksheet.

Information provided by the named insured to the Claim Documentation Program will be kept in strict confidence and can only be released to the insurance carrier's claims adjuster related to a specific claim reported by the above noted named insured. This information will not be released without the express written consent of the named insured or the insured's agent, unless ordered to do so by court processes. In the event any records are subpoenaed the insured will be notified immediately.

Producer's Signature

Date

Applicant's Signature

Date