



SCAFFOLDING CONTRACTORS SUPPLEMENTAL (Complete in addition to ACORD Application)

Proposed First Named Insured & Other Named Insured(s):

Location Address Street City County State ZIP Code

BUSINESS INFORMATION

1. Website: _____

2. Do you conduct business under any other Names? Yes No If Yes, complete the following:

Name	Percent Owned	Operations	Receipts %

3. Do you have any other locations? Yes No If yes, list location addresses:

Business Owner(s)	Percentage(s) of Ownership
	%
	%

5. Number of years in business under the above name:

Experience detail:	Total # of Years	Describe Prior Experience
Owner		
Manager		

7. Has the Applicant/Owner operated under any other name within the last ten (10) years or does the Applicant/Owner currently own any other entities and/or operate any other businesses? Yes No If Yes:

a. Name: _____

b. Describe operations: _____

c. Is the entity/business still active? Yes No

If still active, is there separate General Liability insurance in place for their operations? Yes No

8. Total # of Employees: _____ Total # of F/T Employees: _____ Total # of P/T Employees: _____

SUBCONTRACTORS

Do you use Subcontractors? Yes No If Yes:

1. Percentage of your total operations subcontracted to others: _____ %

2. Annual subcontracted costs: \$ _____

3. Type of work subcontracted to others: _____

	Yes	No
4. Do you obtain Certificates of Insurance from each subcontractor evidencing General Liability and Workers Compensation Limits equal to, or greater than, your own General Liability and Workers Compensation Limits?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you require all subcontractors to add you onto their General Liability policy as an Additional Insured?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you require all subcontractors to contractually hold you harmless?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are all Certificates of Insurance kept on file for a minimum of 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you obtain proof, from each subcontractor, that all applicable licenses are up-to-date?	<input type="checkbox"/>	<input type="checkbox"/>

DESCRIPTION OF OPERATIONS

1. Average height of erection work: _____ Maximum height of erection work: _____

2. Are you a member of the following trade organizations?

- SIA – Scaffolding Industry Association
- SSFI – Scaffolding, Shoring and Forming Institute
- Other: _____

3. Percentage of your work that is Residential vs. Commercial:
 Residential: % Commercial: %
-
4. Do you manufacture any scaffolding and/or other products or modify any manufacturer's products prior to sale or rental? Yes No
 If Yes, explain: _____
5. Do you import any products? Yes No
 If Yes, explain: _____
6. Is damaged scaffolding and planking kept separate from good equipment and repaired or destroyed? Yes No
7. Describe your maintenance program: _____
8. Do you demonstrate equipment to your customers prior to rental? Yes No
 If Yes, explain: _____
9. Do you warn lessees of certain weather conditions that could compromise the safe use of suspended and supported scaffolds, and aerial lifts and manlifts? Yes No
10. Do you utilize a service tagging system? Yes No
 If Yes, explain: _____
11. Do you keep written maintenance logs or files on your motorized equipment? Yes No
 If Yes, explain: _____
12. Are you involved in erection or dismantling of any kind? Yes No
 If Yes, explain: _____
13. According to your rental agreement, who is responsible for daily inspection and maintenance of any rented equipment? You – Applicant Lessee
14. Is a checklist completed by the project foreman upon completion of an erection job? Yes No
 If Yes, is it signed by the customer? Yes No
15. Has the applicant ever been cited for any safety violations with regard to sidewalk protection? Yes No
 If Yes, explain: _____
16. Do you have any of the following? If Yes, attach copy. Yes No
- a. Written safety program Yes No
 - b. Equipment schedule Yes No
 - c. Rental contract Yes No
 - d. Brochures Yes No
 - e. Checklist used for erection/dismantling Yes No
 - f. Maintenance log/tagging system Yes No
 - g. Copies of OSHA citations and related correspondence Yes No

17. **Estimated Annual Revenue** - List annual revenue of all equipment you erect or install, rent, or sell to others.

EXPOSURE	ERECTION	RENTAL	SALES
Advertising Banner	\$	\$	\$
Aerial Platforms	\$	\$	\$
Bleachers	\$	\$	\$
Boom Lifts	\$	\$	\$
Camera Platforms	\$	\$	\$
Cantilever Scaffolds	\$	\$	\$
Construction Elevators	\$	\$	\$
Contractors Equipment NOC	\$	\$	\$
Duraclad Sheeting/Debris Netting	\$	\$	\$
Elevating Work Platform	\$	\$	\$
Equipment Hoist	\$	\$	\$
Ladder/Scaffold	\$	\$	\$

EXPOSURE	ERECTION	RENTAL	SALES
Planking	\$	\$	\$
Rental With Operators	\$	\$	\$
Safety Equipment	\$	\$	\$
Scaffolding Tarps	\$	\$	\$
Shoring and Forming	\$	\$	\$
Sidewalk Bridging	\$	\$	\$
Swing Staging – Permanent	\$	\$	\$
Swing Staging – Temporary	\$	\$	\$
Telescopic Lifts	\$	\$	\$
Trash or Debris Chutes	\$	\$	\$
Other:	\$	\$	\$
Other:	\$	\$	\$
Total Revenue	\$	\$	\$

18. Erection Payroll: \$

19. Rental Payroll: \$

List Additional Interests and Certificate Recipients

NAME AND ADDRESS	INTEREST

PRIOR GENERAL LIABILITY INSURANCE

1. Provide Insurance Company Names and your Payroll, Limits, Deductibles and Premiums for the last 5 years:

Year	General Liability Insurance Company Name	Total Annual Payroll	General Liability Limits	General Liability Deductible	General Liability Premium
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

2. In the last 5 years, has your General Liability insurance been Declined, Cancelled or Non-renewed?

Yes No

If Yes, explain:

GENERAL LIABILITY CLAIMS HISTORY

Provide details of the last 5 years – if none, state “none”.

Date of Loss	Description of Loss	Open/Closed?	Total Incurred
			\$
			\$
			\$
			\$
			\$

FRAUD STATEMENTS

FLORIDA: 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.

LOUISIANA and MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

IMPORTANT NOTICE**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		
