

# Roush Insurance Services, Inc.

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## TELECOMMUNICATION TOWERS SUPPLEMENTAL APPLICATION

(Complete in addition to the ACORD General Liability Application)

Applicant's Name: _____ _____ Location Address: _____ _____	Agent Name: _____ Agent Address: _____ _____ Phone No.: _____
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**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**1. Applicant Operations:**

a. Description of Operations: \_\_\_\_\_  
 \_\_\_\_\_

b. State/Area of Operations: \_\_\_\_\_

c. Length of time in business operating under the name shown above: \_\_\_\_\_ years or \_\_\_\_\_ new venture

d. Total payroll:..... \$ \_\_\_\_\_

Show by Trade:

Trade: \_\_\_\_\_ Payroll: \$ \_\_\_\_\_ Subcontractor Costs: \$ \_\_\_\_\_ Sales: \$ \_\_\_\_\_

Trade: \_\_\_\_\_ Payroll: \$ \_\_\_\_\_ Subcontractor Costs: \$ \_\_\_\_\_ Sales: \$ \_\_\_\_\_

Trade: \_\_\_\_\_ Payroll: \$ \_\_\_\_\_ Subcontractor Costs: \$ \_\_\_\_\_ Sales: \$ \_\_\_\_\_

Uninsured Subcontractors Cost: \$ \_\_\_\_\_

e. Is applicant licensed?.....  Yes  No

If yes, type in license and number: \_\_\_\_\_

Year licensed issued:..... \_\_\_\_\_

Has applicant operated or been licensed under any other name(s) during the past ten (10) years?  Yes  No

If yes, provide prior name and describe type of operations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

f. List top three customers and services performed:

Customer	Services Performed

g. Projects:

Current or Planned Projects	Cost of Project	Duration of Project

**2. Liability Controls:**

- a. Does applicant use a written contract with customers? .....  Yes  No  
If no, explain when not required: \_\_\_\_\_
- b. Does applicant use a written contract with subcontractors? .....  Yes  No  
If no, explain when not required: \_\_\_\_\_
- c. Do applicant's contracts contain a hold harmless agreement in applicant's favor? .....  Yes  No
- d. Does applicant obtain certificates of insurance from all subcontractors? .....  Yes  No  
If yes, minimum limits required: ..... \$ \_\_\_\_\_
- e. Is applicant added as an additional insured on the subcontractors' liability policies? .....  Yes  No
- f. Does applicant have Workers' Compensation coverage in force? .....  Yes  No
- g. Does applicant provide architectural or engineering design services? .....  Yes  No  
If yes, explain: \_\_\_\_\_
- h. Is applicant involved in television or radio receiving set installation or repair? .....  Yes  No
- i. Is applicant a cable or subscription television company? .....  Yes  No
- j. Is applicant a telecommunication equipment provider? .....  Yes  No
- k. Is applicant a telecommunication service provider? .....  Yes  No
- l. Has applicant acted in the capacity of a General Contractor in the past? .....  Yes  No  
If yes, provide details: \_\_\_\_\_
- m. Is applicant a construction/project manager or consultant? .....  Yes  No
- n. Has applicant been involved in any claims involving construction defects? .....  Yes  No  
If yes, explain: \_\_\_\_\_

**3. Does applicant's employees or subcontractors do directional drilling?** .....  Yes  No

**4. Does applicant's employees or subcontractors use explosives?** .....  Yes  No

**5. What is the average height of towers serviced?** \_\_\_\_\_

**6. What is the maximum height of towers serviced?** \_\_\_\_\_

**7. Any work on towers located on buildings?** .....  Yes  No

If yes, explain: \_\_\_\_\_

**8. Does applicant do any tower inspections?** .....  Yes  No

**9. Does applicant do any tower erection?** .....  Yes  No

If yes:

Average height of towers: \_\_\_\_\_

Maximum height of towers erected: \_\_\_\_\_

Number of towers erected on buildings: \_\_\_\_\_

Number of towers erected per year: \_\_\_\_\_

**10. Does applicant have written safety procedures for all employees and subcontractors?** .....  Yes  No

Do employees use safety harnesses? .....  Yes  No

Are underground utilities marked? .....  Yes  No

Is safety program reviewed quarterly with employees? .....  Yes  No

If no, how often is it reviewed? \_\_\_\_\_

11. Does applicant do any excavation work? .....  Yes  No  
If yes, complete the Excavators and Grading of Land Supplemental Application.

12. Does applicant do any welding work? .....  Yes  No  
If yes, advise percentage of gross receipts: ..... %

13. For tower owners:  
Height of tower:..... Feet  
Is the tower used by anyone else? .....  Yes  No  
What are the annual receipts from leasing space on towers to others? ..... \$  
Does weight of any attached antennas exceed the maximum weight recommended by the manufacturer?.....  Yes  No  
Is tower supported by wires? .....  Yes  No  
Advise wind load of tower: \_\_\_\_\_  
Tower Security:  
Fully fenced? .....  Yes  No  
Cameras? .....  Yes  No

14. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? .....  Yes  No  
If yes, describe: \_\_\_\_\_

15. Does applicant have other business ventures for which coverage is not requested? .....  Yes  No  
If yes, explain and advise where insured: \_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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 applicable in OH.)

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**APPLICANT'S STATEMENT:** I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**IMPORTANT NOTICE**

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