



**DRILLING CONTRACTORS PROGRAM (DRILL)**  
Supplemental Application



<b>Account Name</b>		<b>Producer Name</b>	
<b>Account Contact Name</b>		<b>Producer e-mail address</b>	
<b>Account web site address</b>	<b>Account e-mail address</b>	<b>Date Completed</b>	

1. 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.

2. Enter percentage of work in the following operations? %'s based on  Sales  Payroll

Water well drilling/installation _____ %	Monitor well drilling/installation _____ %
Soil core boring/sampling _____ %	Pump installation/repair _____ %
Geothermal drilling/installation _____ %	Municipal water treatment/systems _____ %
*Oil/gas drilling _____ %	*Pollution monitoring/testing _____ %
*Caissons/Building Underpinning _____ %	

**\*Ineligible operation for DRILL program, consult underwriting.**

**If total of eligible operations is less than 51%, the risk is ineligible for the DRILL Program.**

3. Enter percentage of operations for the following types of customers?

Residential/Habitational _____ %	Agricultural _____ %	Commercial _____ %	Industrial _____ %	Institutional _____ %
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4. Indicate percentage in the following?

New Construction _____ %	Retrofit/Rehab _____ %	Service _____ %	Maintenance _____ %	Other _____ %
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5. Does the insured perform any of the following:

- a. Monitor well drilling and installation at hazardous and/or Super Fund sites with a level A or B designation?  Yes  No
- b. Determine the placement or depth of monitor wells?  Yes  No
- c. Any operations at EPA designated level A or B sites?  Yes  No
- d. Process control decisions at the water treatment site?  Yes  No
- e. SIC 4952: Sewerage Systems?  Yes  No
- f. SIC 9511: Air & Water Resource & Solid Waste Mgmt?  Yes  No

**If Yes to any of the items, the risk is ineligible for DRILL.**

6. 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 well drilling/excavation work?  Yes  No

If No, the account is ineligible for the DRILL program.

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

8. Well drilling and installation work on military sites?  Yes  No

If **Yes**, please describe controls.

9. Does the insured perform or subcontract any blasting? If **Yes**, please describe controls.  Yes  No

10. Other operations? If **Yes**, please describe.  Yes  No

11. Does the insured employ NGWA voluntary certified contractors in good standing?  Yes  No

If **Yes**, please list names and designations (i.e.: CWD, CPI, CWD/PI, MGWC).

12. List the states the insured worked in during the last 5 years.

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

If **Yes**, was risk acting as a:

General contractor  Sub-contractor

What type of project?

Habitational  Commercial

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

14. 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**, **13** or **14** are **Yes**, please discuss the risk with your underwriter.

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

Any residential *wrap-ups*?

Yes  No

16. Does the risk have a quality control program?  Yes  No

If **Yes**, is it

Informal  Documented

17. Does the risk retain job files?  Yes  No

If **Yes**, how long are they retained?

18. Does the risk hire subcontractors?  Yes  No

If yes, list the types of work subcontracted.

a. Does the risk obtain certificates of insurance from all subcontractors?  Yes  No

b. Is there a Diary System in place to track expiration dates of certificates of insurance?  Yes  No

c. Is the risk named as an additional insured on all subcontractors' policies?  Yes  No

d. Does the risk require all subcontractors to carry primary limits equal to or greater than their own?  Yes  No

e. Does the risk use written subcontractor agreements containing hold harmless/indemnity agreements in favor of the risk?  Yes  No

f. If subs are hired does legal counsel or the insurance agent review all contracts?  Yes  No

19. Indicate the types of subcontractor agreements the risk typically signs.  
 Standard (AGC, AIA contracts)       Custom       Other \_\_\_\_\_
20. Does the risk have an architect or engineer on staff?  Yes  No  
 If **Yes**, does the risk carry professional liability insurance?  Yes  No
21. Does the insured have a New Hire Orientation Program with pre-physicals, drug screening, etc.?  Yes  No
22. Are safety meetings held on a quarterly basis; do managers and employees attend, and are attendance records kept?  Yes  No  
 If less than quarterly, how often?
23. Trade association affiliation?       NGWA      Other (list)       Yes  No  
 Answering this question is optional. Association membership is not a requirement for insurability.

**POINTERS**

The following pointers are strongly recommended for all contractors in the DRILL program:

**RISK CONTROL**

- The contractor 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.

***Please complete if umbrella is needed.***

**Personal Usage**

24. Does the insured allow anyone to take vehicles home?  Yes  No  
 If so, who and how many? \_\_\_\_\_
25. Do they have written guidelines on personal use of company vehicles?  Yes  No
26. Do they allow family members to drive the company cars?  Yes  No
27. Do they report personal usage as additional income?  Yes  No

**HISTORICAL EXPOSURE**

	Expiring Year Term: _____	1 <sup>st</sup> Prior Year Term: _____	2 <sup>nd</sup> Prior Year Term: _____	3 <sup>rd</sup> Prior Year Term: _____	4 <sup>th</sup> Prior Year Term: _____
<b>Premium</b>					
<b>General Liability Payroll</b>					
<b>Receipts</b>					

## **DEFINITIONS**

**General Contractor** is a contractor who subcontracts work to others in excess of 50% of their 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, triplexes, duplexes, or townhouses.

**Residential work:** A subset of habitational work defined as new or major rehabilitation of multi-family owned developments, tract housing developments and condominium projects.

**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.

**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:

28. Do you have check references for new hires? Yes No
29. Do you conduct pre-employment drug testing? Yes No
30. Do you conduct pre-employment physicals? Yes No
31. Do you conduct pre or post employment road tests for drivers? Yes No

#### Pre-Lost Procedures:

32. Do you have a Safety Director? Yes No
33. Do you have a Formal Safety Program?  
If yes, how does Management support it? \_\_\_\_\_ Yes No
34. Do you have Safety Training? Yes No
- If yes, what is the frequency of the training? \_\_\_\_\_
- Is attendance mandatory? Yes No
- Are they documented? Yes No
35. Do you have tailgate safety meetings? Yes No

#### Post-Lost Procedures:

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

### MANAGEMENT

37. What is your employee turnover ratio? Yes No

#### Employee Stability:

38. What is the average tenure of your employees? Full time \_\_\_\_\_ Part time \_\_\_\_\_
39. Do you use temporary employees? Yes No
40. Do you promote temporary employees to permanent? Yes No
41. What is your employee turnover ratio? \_\_\_\_\_

#### Employee Relations:

42. Do you provide employee benefits? Yes No
43. Do you subsidize the cost of benefits? Yes No
44. How does your pay scale compare with the industry in your locale? \_\_\_\_\_

**HISTORICAL EXPOSURE**

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

**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.

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**Producer's Signature** **Date**

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**Applicant's Signature** **Date**