



**STREET, ROAD & BRIDGE  
CONTRACTORS PROGRAM (SRBC)  
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>	

**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 the supplement.

**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. Street/road construction or reconstruction, including clearing of right-of-way, excavation, filling or grading (i.e., site preparation) \_\_\_\_\_%
  - b. Street/road paving or repaving or surfacing, including *street/road striping* \_\_\_\_\_%
  - c. Bridge or elevated highway construction - *iron/steel or concrete* \_\_\_\_\_%
  - d. Asphalt works \_\_\_\_\_%
- TOTAL** \_\_\_\_\_%

If the total is **less than 75%**, the account is **ineligible** for the SRBC program. Please refer to the NUCA and LICA programs to determine if risk may be eligible for one of those 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 **SRBC** 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. Guardrail installation  Yes  No
  - h. Hauling underground storage tanks or contaminated soil or cutting/breakdown of the tanks  Yes  No
  - i. Landfill operations, construction or closure operations – past, present or future  Yes  No
  - j. Levee or breakwater construction  Yes  No
  - k. Local trucking for hire (other than sand/gravel hauling <25% of total shipments)  Yes  No
  - l. On-site waste treatment  Yes  No
  - m. Operations conducted in an oil field  Yes  No
  - n. Pile driving for structure foundation  Yes  No

- o. Railroad construction Yes No
- p. Subway construction Yes No
- q. Telephone, telegraph or cable line construction involving overhead exposures or work at heights Yes No
- r. Tunneling where employees are working under air pressure (pneumatic) Yes No
- s. Underground storage tank removal >5% of total revenue or >12 tanks per year Yes No
- t. Underpinning buildings Yes No
- u. 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 SRBC program.

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

If **Yes**, the account is **ineligible** for the SRBC 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 the last page)
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <i>Construction Manager</i><br>_____ % | <input type="checkbox"/> <i>General Contractor</i><br>_____ % | <input type="checkbox"/> <i>Subcontractor</i><br>_____ % |
|---|---|--|

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
- |                        |         |
|------------------------|---------|
| <b>COMMERCIAL WORK</b> | _____ % |
| <b>INDUSTRIAL WORK</b> | _____ % |

**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"/> TOWNHOUSES	_____ %	+	_____ %	=	_____ %
<input type="checkbox"/> TRACT HOUSING	_____ %	+	_____ %	=	_____ %
<input type="checkbox"/> TRIPLEXES AND DUPLEXES	_____ %	+	_____ %	=	_____ %
<input type="checkbox"/> CUSTOM HOMES (INCLUDING APTS)	_____ %	+	_____ %	=	_____ %
<input type="checkbox"/> Other _____	_____ %	+	_____ %	=	_____ %
<b>OTHER WORK: (PLEASE DESCRIBE)</b>					_____ %
<b>TOTAL (SHOULD EQUAL 100%)</b>					_____ %

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, or tract homes?  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

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

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

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.

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 (check one)  Informal  Documented

17. Does the risk retain job files?  Yes  No

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

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18. Does the risk hire subcontractors?  Yes  No

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

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

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

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

d. Does the risk use written subcontractor agreements containing hold harmless/indemnity agreements in favor of the risk?  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

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

21. Is the insured a member of SRBC?  Yes  No

Answering this question is optional. Membership in SRBC is not a requirement for insurability.

**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>					

**POINTERS**

The following pointers are required for all contractors in the SRBC 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**

- The contractor communicates 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).
- The route of excavation is white lined before the utility locator arrives on site.
- The contractor does hand digging within 18 inches to 24 inches (depending on state regulations) from the center of the utility line.
- The contractor requests new locates for excavations incurring extended time requirements (10 days or more) and following inclement weather.
- Photographs or videos are taken before and after the excavation.

**High Priority/Critical Jobs**

22. Will the contractor ask the utility owner if this job is considered a high priority or critical job? Yes No  
 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, will the contractor:

23. Schedule a pre-excavation meeting on the job-site with the facility owner and prime contractor? Yes No
24. 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
25. 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**

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

## DEFINITIONS

**Bridge Construction Eligibility:** Only contractors building girder bridges are eligible for the ARTBA program. Girder bridges are supported by beams called girders which rest on abutments and/or piers.

Girder bridges are of two basic designs.

- **Box girders.** Built of steel or concrete, each girder looks like a box with a roadway on top and rests between the piers or abutments.
- **I or T girders.** Viewed from the end, the girder resembles an I or T beam. The girders are tied together to support the roadway. The bridge is generally referred to as a plate girder bridge when made of steel or a reinforced or prestressed concrete bridge when made of concrete.

**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, triplexes, duplexes and townhouses.

**Street/Road Striping:** Contractors painting lines for streets and roads ("live" highway work) are eligible for the ARTBA program only if this exposure is classified as Street or Road Construction - Paving or Repaving. Note that some of our competitors are willing to use the Painting class for these risks which results in a premium that is not adequate for the exposures.

**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.

**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:

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

#### Pre-Lost Procedures:

34. Do you have a Safety Director? Yes No
- Do you have a Formal Safety Program?
35. If yes, how does Management support it? \_\_\_\_\_ Yes No
36. 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

37. Do you have tailgate safety meetings? Yes No

#### Post-Lost Procedures:

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

### MANAGEMENT

39. What is your employee turnover ratio? Yes No

#### Employee Stability:

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

#### Employee Relations:

44. Do you provide employee benefits?  Yes  No
45. Do you subsidize the cost of benefits?  Yes  No
46. 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**