

**Scottsdale Insurance Company**  
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 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
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 Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

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[www.scottsdaleins.com](http://www.scottsdaleins.com)

**Telecommunication Contractors Supplemental Application**  
 (Complete in addition to ACORD General Liability Application)

Applicant's Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

Agent Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_

**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"

**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: \$ \_\_\_\_\_

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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 a construction/project manager or consultant? .....  Yes  No
- i. Has applicant been involved in any claims involving construction defects? .....  Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

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

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

**5. Any work on towers located on buildings?** .....  Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**6. Does applicant do any tower erection?** .....  Yes  No  
If yes, please answer the following questions:  
Average height of towers: \_\_\_\_\_ Maximum height of towers erected: \_\_\_\_\_  
Number of towers erected on buildings: \_\_\_\_\_  
Number of towers erected per year: \_\_\_\_\_

**7. 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

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

**9. Does applicant do any welding work?** .....  Yes  No  
If yes, please complete the Welding, Brazing and Cutting General Liability Supplemental Application.

**10. 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? ..... \$ \_\_\_\_\_

**Tower Security:**

Fully fenced? .....  Yes  No

Cameras? .....  Yes  No

**11. Does applicant have other business ventures for which coverage is not requested?.....  Yes  No**

If yes, explain and advise where insured: \_\_\_\_\_

**Refer to Application form for State Fraud Warnings**

**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: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_

(Applicable in Iowa Only)

**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.