

SUBMISSION REQUIREMENTS FOR SCAFFOLD RISKS
PROSPECT: _____ **EFF DATE:** _____

LINE OF BUSINESS	ITEM	ATTACHED	Not applicable (why not?)
GL	Prospect's website www._____.		
GL	Target premium		required if quoting
GL	Producer narrative (short overview of ops)		required if quoting
GL	Completed GL supp (follows...every question answered). Total all revenue categories and be sure the total matches the ACORD GL app.		required if quoting
GL	ACORD 125 that shows date in business on page 1 and prior carrier info on page 2		required if quoting
GL	Completed ACORD GL app. Total revenue must match total on revenue page of GL supp.		required if quoting
GL	Legible copy of entire rental agreement		required if quoting
GL	Five years of currently-valued (within 90 days) loss runs		required if quoting
IM	Completed ACORD Equipment Floater app		required if quoting
IM	Target premium		required if quoting
IM	Five years of currently-valued (within 90 days) loss runs		required if quoting
AUTO	Completed ACORD Auto app with garaging location and GVW for each vehicle. Cost new and PD deds required if PD desired		required if quoting
AUTO	Target premium		required if quoting
AUTO	Current MVR for each driver		required if quoting
AUTO	Five years of currently-valued (within		required if


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	90 days) loss runs		quoting
UL	Completed ACORD UL app (every question)		required if quoting
UL	Target premium		required if quoting
UL	Five years of currently-valued (within 90 days) loss runs		required if quoting
UL	Auto carrier name and liability premium (if we're not quoting the auto)		required if quoting

Please return this (completed) checklist with your submission to:

Email: newbusiness@ascinsure.com

Fax: 1-888-316-9016

Ideally, we would like your complete submission 3 weeks prior to effective date.



Scaffold Defender

Targeted Wholesale Brokerage
www.ascinsure.com

Ascinsure Specialty Risk
Four Allegheny Center, 4th Floor
Pittsburgh, PA 15121

Phone: 877-372-0517 Fax: 888-316-9016
newbusiness@ascinsure.com



Ascinsure
Specialty Risk

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Application for the Scaffolding Contractors Program

SECTION I – GENERAL INFORMATION		PLEASE COMPLETE EVERY ITEM OR INDICATE N/A	
1. Name of Applicant: _____	Requested Effective Date: _____		
DBA: _____ <i>(If applicable, include DBA or trade name)</i>	FEIN: _____		
Do you conduct Business under any other Names? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list these Names on a separate paper.			
2. Mailing Address: _____ <i>(Street)</i>	_____	_____	_____
_____	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
Physical Address: _____ <i>(Street)</i>	_____	_____	_____
_____	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
Physical Address: _____ <i>(Street)</i>	_____	_____	_____
_____	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
Do you have any other Locations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list these Location Addresses on a separate paper.			
3. Business Owner(s): _____	Percentage(s) of Ownership: _____ %	_____ %	_____ %
4. Phone: _____	Fax: _____		
Email: _____	Website: _____		
5. Business Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Describe): _____			
6. Number of years in business under the above name: _____			
Additional years of Owner's experience: _____ Additional years of Manager's experience: _____			
If applicable, describe Owner's prior scaffolding experience: _____			

If applicable, describe Manager's prior scaffolding experience: _____			

SECTION II – BUSINESS ORGANIZATIONAL DATA		PLEASE COMPLETE EVERY ITEM OR INDICATE N/A	
1. Does the Applicant/Owner currently own any other Entities or operate any other Businesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
A. If yes, please explain: _____			

2. Does the Applicant/Owner (Applicant being the parent company) currently own any Subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
A. If yes, please explain: _____			

3. Is the Applicant/Owner currently listed as a Subsidiary of any other Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
A. If yes, please explain: _____			

SECTION III – RISK MANAGEMENT	PLEASE COMPLETE EVERY ITEM OR INDICATE N/A
1. Do you have a written safety policy and follow safe practices for the use of equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you conduct regular safety meetings (e.g. tool-box meetings)? If yes, please answer A-B.	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. How often do these meetings take place? _____	
B. Do you document which topics and/or issues are discussed during each meeting and maintain this documentation as required by OSHA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have written procedures in place for incident reporting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you use an accident reporting form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. If yes, do you retain a copy of each completed accident report form for a minimum of 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you an active member of any State and/or National Trade Association (e.g. ARA, SIA, AED)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. If yes, please list: _____	

SECTION IV – OPERATIONS	PLEASE COMPLETE EVERY ITEM OR INDICATE N/A
1. Describe the Owner's duties or involvement in the daily operations: _____ _____	
2. Describe the Manager's duties or involvement in the daily operations: _____ _____	
3. In which states do you operate? _____	
4. Do perform any construction operations (other than scaffold erection/dismantling)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. If yes, please describe: _____	
5. Do you manufacture any products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. If yes, please list: _____ _____	

PART A – SALES	
IF YOUR OPERATIONS <u>DO NOT</u> INCLUDE ANY SALES, PLEASE CHECK THIS BOX <input type="checkbox"/> AND SKIP TO PART B.	
1. Are all of your products manufactured and/or purchased in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. If no, are all foreign products purchased from a US Distributor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you sell any used equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. If yes, please describe the type(s) of used equipment: _____ _____ _____	
3. Prior to completing the sale, do you always demonstrate how to properly use each piece of equipment for each Customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. If no, when is this not done? _____ _____ _____	
4. Prior to completing the sale, are written safety instructions provided for each Customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you listed as an Additional Insured and/or vendor on any of your Manufacturer's/Supplier's General Liability policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. If yes, please list the applicable Manufacturers/Suppliers name and the corresponding product line: _____ _____ _____ _____	

PART B – RENTAL (OF EQUIPMENT TO OTHERS)	
IF YOUR OPERATIONS <u>DO NOT</u> INCLUDE ANY RENTAL, PLEASE CHECK THIS BOX <input type="checkbox"/> AND SKIP TO PART C.	
1. Do you rent equipment with operators? A. If yes, what percentage of your overall sales includes rental with operators? _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Prior to the rental, do you find out from each Customer how your equipment is going to be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Prior to the rental, do you demonstrate how to properly use each piece of equipment for each Customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Prior to the rental, are written safety instructions provided for each Customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you require a current Certificate of Insurance from each Customer? If yes, please answer A–B.	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. Do you obtain a Certificate of Insurance from each Customer evidencing Liability limits of at least \$1,000,000/\$2,000,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Are all Certificates of Insurance kept on file for at least 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you rent Aerial Reach Equipment? A. If yes, are you in compliance with ANSI/SIA A92?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is an identification number affixed to each piece of motorized equipment?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you have specific procedures in place for check-out and check-in of all non-serialized items?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you have a specific area in your shop and/or yard for returns?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART C – ERECTION AND/OR DISMANTLING	
IF YOUR OPERATIONS <u>DO NOT</u> INCLUDE ANY ERECTING AND/OR DISMANTLING, PLEASE CHECK THIS BOX <input type="checkbox"/> AND SKIP TO SECTION D.	
1. Do you obtain evidence of in-force Professional Liability coverage from all hired/contracted Design Engineers? A. If yes, do you maintain documentation of this coverage for a minimum of 5 years?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you design for others (i.e. when you do not perform the associated erection work)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you erect and/or dismantle non-owned scaffolding (i.e. your operations do not also include any equipment sales/rental)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have all of your Supervisors/Foremen successfully completed the Scaffold Industry Association's specialized training courses? If no, please answer A-B.	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. What type of industry training have they completed? _____ _____	
B. How many years of on-the-job experience are required before they can supervise a job site? _____	
5. Have your Employees, whose duties include the erection, moving, dismantling, repairing and/or alteration of scaffolding, been trained by an individual who has successfully completed Competent Person Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Prior to beginning a job, do you verify with each Customer the intended use of your equipment as it relates to equipment design and installation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Prior to beginning a job, do you provide each Customer with written safety instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you follow OSHA guidelines when working in close proximity to live utility lines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do your Employees ever perform any welding? A. If yes, please describe these operations: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If you make any alterations to the equipment, are these alterations in compliance with the Manufacturer's specifications?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No

11. Is anyone allowed to utilize the scaffolding before the completion of the job, inspection and Customer sign-off? Yes No

12. Do you hire Subcontractors? Yes No
If yes, please answer A–G.

A. What percentage of your total operations is subcontracted to others? _____ %

B. What are your annual subcontracted costs? \$ _____

C. What type of work is subcontracted to others? _____

D. Do you obtain a certificate of Insurance from each Subcontractor evidencing General Liability limits of at least \$1,000,000/\$2,000,000? Yes No

E. Do you require all Subcontractors to add you onto their policy as an Additional Insured? Yes No

F. Do you require all Subcontractors to contractually hold you harmless? Yes No

G. Are all certificates of insurance kept on file for a minimum of 5 years? Yes No

13. Do you provide each Customer with a complete inventory of all serialized equipment used? Yes No

14. Upon completion of scaffolding erection job, is a checklist always completed by your Supervisor/Foreman? Yes No
A. If yes, is it always signed by a qualified representative of the Customer verifying the correctness of the job? Yes No

15. Are completed jobs videotaped and/or photographed? Yes No

16. After dismantling, is all equipment inspected, sorted and inventoried? Yes No

17. Please provide a listing of your 5 largest jobs:

	Description of Work Performed - including Location and Number of Stories	Date Completed	Cost of Job
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

**PART D – RENTAL (OF EQUIPMENT TO OTHERS) AND/OR ERECTION AND/OR DISMANTLING
 IF YOUR OPERATIONS DO NOT INCLUDE ANY RENTAL, ERECTING AND/OR DISMANTLING, PLEASE CHECK THIS
 BOX AND SKIP TO SECTION V.**

1. Is all equipment inspected and inventoried upon return to your shop/yard? Yes No

2. Is all damaged equipment red-tagged and kept separate from the undamaged equipment? Yes No

3. Is all damaged equipment repaired, destroyed or discarded? Yes No

4. Is regular preventive maintenance performed in compliance with the Manufacturer's specifications? Yes No
A. If yes, how is this documented? _____

5. Do you maintain inspection, maintenance and repair records for all equipment? Yes No
A. If yes, are these records kept on file for a minimum of 5 years? Yes No

SECTION V – SALES

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Please provide your Total Estimated Annual Gross Sales for **ALL** operations: \$ _____

2. Please provide your Estimated Annual Gross Sales for all applicable operations listed **below**:

EQUIPMENT TYPE	EQUIPMENT SALES (RETAIL AND/OR WHOLESALE)	EQUIPMENT RENTAL (TO OTHERS) – <u>WITHOUT</u> ERECTION AND/OR DISMANTLING	EQUIPMENT RENTAL (TO OTHERS) – <u>WITH</u> ERECTION AND/OR DISMANTLING	EQUIPMENT SERVICE AND/OR REPAIR	ERECTION AND/OR DISMANTLING OF NON-OWNED EQUIPMENT
Ladders	\$	\$	\$	\$	\$
Scaffolds	\$	\$	\$	\$	\$
Rolling Scaffolding Towers	\$	\$	\$	\$	\$
Planks	\$	\$	\$	\$	\$
Construction Elevators	\$	\$	\$	\$	\$
Trash and/or Debris Chutes	\$	\$	\$	\$	\$
Scaffolding Tarps	\$	\$	\$	\$	\$
Duraclad Sheeting and/or Debris Netting	\$	\$	\$	\$	\$
Sidewalk Bridging and/or Sheds	\$	\$	\$	\$	\$
Shoring and/or Forming	\$	\$	\$	\$	\$
Bleachers	\$	\$	\$	\$	\$
Temporary and/or Permanent Swing Stages	\$	\$	\$	\$	\$
Hoists and/or Suspended Platforms	\$	\$	\$	\$	\$
Mast Climbing Work Platforms	\$	\$	\$	\$	\$
Mobile Work Platforms (e.g. Aerial Reach Equipment) – Without Operators	\$	\$	\$	\$	\$
Mobile Work Platforms (e.g. Aerial Reach Equipment) – With Operators	\$	\$	\$	\$	\$
Contractors Equipment NOC – Without Operators	\$	\$	\$	\$	\$
Contractors Equipment NOC – With Operators	\$	\$	\$	\$	\$
Safety Gear (e.g. Fall Protection Equipment)	\$	\$	\$	\$	\$
Other – Please Describe Below:	\$	\$	\$	\$	\$

SECTION VI – PRIOR INSURANCE **PLEASE COMPLETE EVERY ITEM OR INDICATE N/A**

1. Please provide details about your General Liability coverage for the last 5 years:

Year	General Liability Insurance Company	Total Annual Sales	General Liability Limit	General Liability Deductible	General Liability Premium
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

2. In the past 5 years, has your General Liability insurance been declined, cancelled or non-renewed? Yes No

A. If yes, please explain why: _____

SECTION VII – CLAIMS HISTORY **PLEASE COMPLETE EVERY ITEM OR INDICATE N/A**

1. Please provide details for the last 5 years - if none, please state "none":

Date of Loss	Description of Loss	Total Incurred
		\$
		\$
		\$
		\$

PLEASE ATTACH A COPY OF EACH OF THE FOLLOWING ITEMS: 1) 5 YEAR, CURRENTLY VALUED, INSURANCE CARRIER LOSS RUNS. 2) YOUR SAFETY MANUAL. 3) YOUR COMPANY EMPLOYEE HANDBOOK. 4) YOUR SALES CONTRACT. 5) YOUR RENTAL CONTRACT. 6) YOUR ERECTION/DISMANTLING CONTRACT. 7) YOUR SERVICE AND/OR REPAIR CONTRACT. 8) YOUR EQUIPMENT MAINTENANCE LOG OR TAGGING SYSTEM. 9) YOUR COMPANY EQUIPMENT MAINTENANCE MANUAL.

Applicant's Signature

APPLICANT: I UNDERSTAND THAT THIS APPLICATION FOR INSURANCE AND ANY POLICY ISSUED AS A RESULT OF THE APPROVAL OF THIS APPLICATION WILL **ONLY** PROVIDE INSURANCE FOR SCAFFOLDING OPERATIONS. I FURTHER UNDERSTAND THAT NO COVERAGE WILL BE PROVIDED FOR ANY OTHER BUSINESS, OPERATIONS OR SERVICES UNLESS THEY ARE SPECIFICALLY ADDED TO ANY POLICY ISSUED FOR AN ADDITIONAL PREMIUM. I BELIEVE THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE INSURER WILL RELY ON THESE STATEMENTS IF A POLICY IS TO BE ISSUED. PROVIDING FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS FRAUD, WHICH IS A CRIME IN MANY STATES.

Applicant's Signature:		Date:	
Applicant's Name:		Applicant's Title:	