



Kinsale Insurance Company
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Richmond, VA 23226
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ELEVATION AND SHORING CONTRACTOR'S SUPPLEMENTAL APPLICATION

ATTACH ADDITIONAL SHEETS AS NECESSARY.
ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

APPLICANT INFORMATION

1. Applicant: _____
2. Street Address: _____
3. Mailing Address (if different): _____
City, State, Zip: _____
4. Years in business: _____
5. Years of experience in Elevation and Shoring work: _____
6. Website: _____
7. Have you operated or are you operating under a different business name now or at any time over the past 10 years? Provide details: _____ Yes No
8. Do you: (check all that apply) Elevate Move Demolish Single family dwellings
 Multi family structures Commercial structures
9. Describe how the conditions of the home / structure are documented before and after the elevation and shoring work is completed. _____
*Attach a copy of all condition report forms and owner consent or disclosure forms or check here. NONE USED
10. Are residents allowed to live in structures between the time they are raised from the original foundation but before they are reset on the new elevated foundation? Yes No
11. If not inhabiting the building once raised, is the owner / resident allowed access to the structure while elevated? Provide details: _____ Yes No
12. What is the greatest number of structures you have elevated in any one year? _____
When was that work done? _____
13. How many structures do you anticipate elevating this year? _____
 Single family Multi-family Commercial
14. What is the maximum size of structure you will elevate / move? _____
15. Is there any elevation and shoring / moving work you will not do? Yes No
Provide details: _____



16. Do you have a formal safety program? Yes No

17. Do you provide a watchman or security at job sites? Yes No

18. Are sites fenced? Yes No Lighted? Yes No

19. What precautions are taken to protect the public from injury? Cones Signs Area roped off

Other: _____

20. What method of elevation do you use? _____

21. What controls are in place that restrict or prohibit access under a structure while being or once elevated? _____

22. Are all trenches, ditches, excavations, holes in the ground and holes made in the floors of structures always properly and clearly identified and protected against others falling into them? Yes No

23. Is work approved by written acceptance? _____

24. Please provide exposure information for prior years:

	Current Year	1 st Prior Year	2 nd Prior Year	3 rd Prior Year	4 th Prior Year
Annual Gross Receipts					
Employee Payroll					
Cost of Subcontracted Work					
# of employees					

25. What percent of work do you subcontract to others? _____%

26. What type of work do you subcontract to others (i.e plumbing, electric, masonry, excavation)? _____

27. Do you usually use the same subcontractors? Yes No

28. Are subcontractors always insured? Yes No

29. What general liability limits do you require your subs to carry? _____

30. Are you named as an additional insured on all subcontractors' policies? _____

31. Do you have a written contract with your subcontractors? Yes No

If Yes, please provide a copy.

32. Do you obtain certificates of insurance from all subcontractors? Yes No

33. How long do you retain those certificates? _____

34. Have you allowed or will you allow your license to be used by any other contractor for a project on which you have worked? Yes No

35. Has any other licensing authority taken any action against you? Yes No

36. Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents (including but not limited to: allegations of faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) at a location or project Yes No



where your company has performed operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company?
If yes, please explain including the names(s) and location(s) of the projects where such operations were performed:
(Attach a separate sheet if necessary.) _____

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she 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.



NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

