



AssuredPartners Northeast, LLC  
8 Stanley Circle  
Latham NY 12110

### DRILLERS SUPPLEMENTAL APPLICATION

Submitting Agency: \_\_\_\_\_ # of Years agency has controlled account: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
Annual sales: \_\_\_\_\_ Years in business: \_\_\_\_\_

#### Area of Operation:

\_\_\_\_% Suburban \_\_\_\_% Urban \_\_\_\_% Rural States in which you do business: \_\_\_\_\_  
What is the normal operating radius from your premises? \_\_\_\_\_  
Do you ever operate beyond that radius? If so, how often and how far? \_\_\_\_\_

#### Operational Exposures:

What do you drill for (water, geothermal, monitoring holes, geological samples, etc.)? Provide percentage for each:

Any excavation performed other than drilling? Describe Below YES  NO   
Do you perform any conduit or cable work? YES  NO   
Do you perform any horizontal drilling or boring operations? YES  NO   
Any installation of water pumps? YES  NO   
Any water treatment? Describe below including chemicals used. YES  NO   
Any water testing? Describe Below YES  NO   
Does applicant own or operate a water company? Describe Below YES  NO   
Details: \_\_\_\_\_

#### Liability Exposure Questions:

Indicate the type and total cost of work subcontracted to others if any:

#### Contractual Risk Transfer – Complete if you subcontract work to others

a. Do you require all sub-contractors to enter into a written contract YES  NO   
(If Yes, attach a copy)  
b. Do the contracts contain hold harmless & indemnification provisions in your favor? YES  NO   
c. Do the contracts require you to be added to the sub's policy as an additional insured? YES  NO   
For Ongoing Operations? YES  NO   
For Completed Operations? YES  NO   
d. Do the contracts require the subs carry limits equal to or greater than \$1,000,000? YES  NO   
e. Do you require certificates of insurance from all your sub-contractors? YES  NO

How do you prevent members of the public from entering your work area, both during operations and after hours?

What steps do you take to identify underground hazards before drilling?

What steps do you take to make sure the ground over which you must move or set up your equipment is stable enough for the weight of the equipment?

Do you ever act as a subcontractor to another contractor? YES  NO

If so, do you become a party to harmless agreements as part of the contract? YES  NO

Please attach copies of recent contracts you've signed (include at least one example of a contract containing a hold harmless agreement, if applicable).

Do you ever work on property owned by a railroad or within 50' of railroad tracks? YES  NO

If so, how many times has this occurred in the past three years? \_\_\_\_\_

Do you have a safety program? Please attach a copy, if written, or briefly describe it.

\_\_\_\_\_

Please provide a brief overview of your maintenance procedures.

\_\_\_\_\_

If you are a well driller do you ever guarantee the depth or pressure of a well? YES  NO

Do you employ an engineer? YES  NO

Do you have a professional liability policy in place? YES  NO

When renting or loaning equipment to others do you use a written contract or rental agreement? YES  NO

Does it include a hold harmless agreement in your favor? YES  NO

Does it require the renting party to provide physical damage coverage for the property being rented? YES  NO

**Inland Marine Exposures**

Is your equipment provided with theft-deterrent devices? If Yes, Please Describe: YES  NO

How is your equipment secured at jobsites? Please Describe: \_\_\_\_\_

Do you borrow, lease or rent equipment from others? If yes, what type? How often? Please describe below.

\_\_\_\_\_

**Auto Exposures**

Do you have a fleet safety program? YES  NO

Do you order an MVR for each employee at point of hire and annually? YES  NO

Are employees allowed to use vehicles for personal use? YES  NO

**Workers Comp**

Do you provide health insurance for full-time employees? YES  NO

What is the annual percentage of employee turnover? \_\_\_\_\_%

Have you ever paid a fine based on an OSHA inspection? Describe below YES  NO

Do you enforce the use of personal protective equipment (hard hats, safety glasses / goggles, hearing protection, steel-toed shoes, etc.) as required by OSHA? YES  NO

Are injured employees contacted immediately following medical treatment by a designated person? If yes, list the title of the designated person \_\_\_\_\_ YES  NO

Are claims involving lost work time reviewed and pro-actively managed by a designated individual? If yes, list the title of the designated person \_\_\_\_\_ YES  NO

Do you have a return to work (RTW) program? YES  NO   
Please describe: \_\_\_\_\_

Have you or will you perform work under the US Longshoremen's and Harbor Workers Act or Jones Maritime Act? Please describe: \_\_\_\_\_ YES  NO

**Bonds**

Does your work require surety bonds? YES  NO

If yes, who is your bonding company? \_\_\_\_\_

**Pollution**

Are utilities marked before the start of every dig? YES  NO   
If telephone inquiries are made, is a log maintained with date, time, person spoken to, plot  
number and map number referred to? If "NO" please explain : \_\_\_\_\_  
\_\_\_\_\_

Monitored or approved by DER, DEP or EPA? YES  NO   
Please describe: \_\_\_\_\_

Does the insured or has the insured accepted work at waste facilities or sites designated for clean  
up by a governmental Agency? If yes, please describe : YES  NO   
\_\_\_\_\_

Has the insured ever performed work for chemical manufacturers, the petroleum industry, gas  
companies, or similar? If yes please describe: YES  NO   
\_\_\_\_\_  
\_\_\_\_\_