

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

Scottsdale Indemnity Company
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Scottsdale Surplus Lines Insurance Company
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 Scottsdale, Arizona 85258

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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.