



Named Insured: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Years of Business: \_\_\_\_\_ FEIN: \_\_\_\_\_ States in which you operate: \_\_\_\_\_

Website Address: \_\_\_\_\_

Loss Control Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Estimates For Next 12 Months: \_\_\_\_\_

Payroll \$ \_\_\_\_\_ Sub-Contract Costs \$ \_\_\_\_\_

Gross Receipts \$ \_\_\_\_\_

1<sup>st</sup> Prior Year Gross Receipts \$ \_\_\_\_\_

2<sup>nd</sup> Prior Year Gross Receipts \$ \_\_\_\_\_

3<sup>rd</sup> Prior Year Gross Receipts \$ \_\_\_\_\_

4<sup>th</sup> Prior Year Gross Receipts \$ \_\_\_\_\_

Indicate what % of your operations are generated from each of the following (must total 100%)

- Concrete Pumping \_\_\_\_\_ %
- Guniting or shot-crete \_\_\_\_\_ %
- Manufacturer's Representative for Concrete Pump Sales \_\_\_\_\_ %
- Equipment Rental w/out Operator \_\_\_\_\_ %
- Sale of New Parts/Equipment \_\_\_\_\_ %
- Light Concrete Construction \_\_\_\_\_ %

Describe: \_\_\_\_\_

- Repair/Service Work for Others \_\_\_\_\_ %

Describe: \_\_\_\_\_

- Purchase of Equipment for resale to others \_\_\_\_\_ %
- Other \_\_\_\_\_ %

Indicate what % of your operations are generated from each of the following (must total 100%)

- Urban/Inner City Environments \_\_\_\_\_ %
- Rural Environments \_\_\_\_\_ %

Indicate what % of your operations are generated from each of the following (must total 100%)

- Residential \_\_\_\_\_ %
- Commercial \_\_\_\_\_ %
- Industrial \_\_\_\_\_ %
- Government/Public Works \_\_\_\_\_ %

If Residential Operations indicated above, please provide the following (must total 100%)

- Condominiums \_\_\_\_\_ %
- Residential Housing \_\_\_\_\_ %
- Tract Housing \_\_\_\_\_ %
- Apartments \_\_\_\_\_ %

Are you involved in any of the following operations?

- Ownership, Use or Operation of Cranes..... YES  NO
- Inspection or Certification of Equipment for others..... YES  NO
- Use of Placing Booms in Construction of 3 Stories or More..... YES  NO
- Underground Concrete Pumping..... YES  NO
- Work Over Bodies of Water That Require Pumps to be on a Barge..... YES  NO

If yes, please explain: \_\_\_\_\_

What is the normal radius of your operations? \_\_\_\_\_ miles

Have all employed pump operators completed the Pump Operators Certification Exam within the past two years?..... YES  NO

If no, please explain, \_\_\_\_\_

How often are your pump units inspected by the manufacturer or a factory authorized inspection company?..... YES  NO

If they aren't, please explain your procedures: \_\_\_\_\_

### STORAGE OF EQUIPMENT

Describe where your pump units are stored overnight: \_\_\_\_\_

If they are stored in a building, what is the maximum number of pump units that can be stored in your buildings(s)? \_\_\_\_\_

If pump units are stored outside, how close are they parked to your building? \_\_\_\_\_

If they are stored outside, is the area fenced or otherwise protected during non-business hours?

Are pump units equipped with anti-theft or asset tracking equipment?..... YES  NO   
If yes, please explain \_\_\_\_\_

**LEASED EQUIPMENT**

Do you lease equipment from others?..... YES  NO

If yes, how often do you lease equipment from others? \_\_\_\_\_

How long do you normally lease equipment? \_\_\_\_\_

What type of equipment do you lease? \_\_\_\_\_

**SAFETY**

Do you have a formal, written safety program in place?..... YES  NO

Do you have a dedicated Risk Manager in your organization?..... YES  NO

Do you hold regular safety meetings with your operators? ..... YES  NO   
If yes, how often? \_\_\_\_\_

Do you have an active drug-testing program?..... YES  NO

Have all operators been properly trained in the operation and maintenance of the pump truck?..... YES  NO

Have operators been informed they are solely responsible for the safe operation of their machine?..... YES  NO

Have operators been trained that concrete pumping equipment must be positioned so a minimum safety distance of 20 ft. from power lines must be maintained in all boom positions needed to pump the job?..... YES  NO

Are operators required to wear personal protective clothing when operating the equipment?..... YES  NO

Are steady end hoses or anti-hose whipping devices used?..... YES  NO

Are job tickets signed for every job?..... YES  NO   
If no, please explain \_\_\_\_\_

**Include a copy of your job ticket\*\***

Are you a member of ACPA?..... YES  NO

If yes, do you use the following ACPA Safety Materials?

- Safety Videos..... YES  NO
- Safety Manual..... YES  NO
- Co-Worker Safety Manual..... YES  NO
- Job Ticket..... YES  NO

**AUTOMOBILE**

**Filings**

Any statutory filings required?..... YES  NO

Motor Carrier Number: \_\_\_\_\_

Exact Name & Address for Filings: \_\_\_\_\_

**Drivers**

Are MVR's obtained before hiring?..... YES  NO

Are periodic MVR's obtained on all drivers?..... YES  NO   
If yes, how often: \_\_\_\_\_

Are pre-employment physicals required?..... YES  NO

Are CDL's required when applicable?..... YES  NO

Is alcohol/drug testing required at time of hire?..... YES  NO

Are DOT files maintained on all drivers as required?..... YES  NO

Is there a operator/driver training program?..... YES  NO

Is there a driver selection program in place with set standards?..... YES  NO

What are the company's guidelines for an acceptable driver?..... YES  NO   
Explain: \_\_\_\_\_

What is the average number of years your employees have been employed by you? \_\_\_\_\_

What is your employee turnover rate? \_\_\_\_\_

Total # of drivers: \_\_\_\_\_ Total # of drivers with your company for less than a year: \_\_\_\_\_

Are union hall or temporary drivers utilized?..... YES  NO

**Vehicle Maintenance**

Is there a vehicle maintenance program in place?..... YES  NO

How often are Brakes, Tires, Steering etc. inspected by a qualified mechanic? \_\_\_\_\_

Do drivers operate the same vehicles every day?..... YES  NO

**Vehicles/Vehicle Use**

Are any vehicles insured elsewhere?..... YES  NO   
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Is there a written company policy on personal use of vehicles?..... YES  NO   
 If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you allow vehicles to be taken home at night?..... YES  NO

Are any employees, officers, owners, etc. assigned a permanent vehicle for their own use?..... YES  NO   
 If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are non-employees (spouse, children, friends, etc.) permitted to drive insured vehicles?..... YES  NO   
 If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Year	# of Private Passenger	# of Light Trucks (0-10,000)	# of Medium Trucks (10,001-20,000)	# of Heavy Trucks (20,001-45,000)	# of Extra Heavy Trucks (Over 45,000) ALL Mixers, Dumps, Pump Trucks	# of Extra Heavy Truck-Tractors (Over 45,000)	# of Trailers
1st Prior Year							
2nd Prior Year							
3rd Prior Year							
4th Prior Year							
5th Prior Year							

\*Vehicle weight in pounds-G.V.W

Safety Management

Is a formal accident investigation/review procedure in place?..... YES  NO

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a progressive discipline policy for drivers involved in multiple accidents/violations, etc.?..... YES  NO

Do you have any restrictions on the use of cell phones while driving company vehicles?..... YES  NO

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Do you use telematics (i.e. GPS, DriveCam) in your trucks?..... YES  NO

If yes, what type of telematics are used? \_\_\_\_\_  
What data is being collected? \_\_\_\_\_  
Who is monitoring it? \_\_\_\_\_  
What is being done with the data? \_\_\_\_\_

Signature: \_\_\_\_\_

Owner

Date: \_\_\_\_\_

Email Address: \_\_\_\_\_