



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 \$ _____

1st Prior Year Gross Receipts \$ _____

2nd Prior Year Gross Receipts \$ _____

3rd Prior Year Gross Receipts \$ _____

4th Prior Year Gross Receipts \$ _____

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

- Ready Mix Concrete _____ %
- Volumetric Mixers _____ %
- Sand & Gravel Hauling _____ %
- Concrete Pumping _____ %
- Grading of Land _____ %
- Light Concrete Construction _____ %
- Describe: _____
- Sales of Building Materials _____ %
- Describe: _____
- 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
- Hauling of Construction Debris..... YES NO
- Hauling of Hazardous Materials..... YES NO
- Laying of Concrete, Including Rebaring, Forms Setup & Underpinning..... YES NO

PROPERTY

Is all electrical equipment and wiring scheduled for periodic inspections by a qualified, licensed electrician?..... YES NO

Are conveyor systems properly lubricated, maintained and in good condition?..... YES NO

Is smoking permitted?..... YES NO

Housekeeping?

- Above Average
- Average
- Below Average

Comments: _____

Distance to nearest fire department: _____ miles

Average response time: _____ minutes

What are the ages, types and conditions of the computers, including computerized control consoles in the batch plant? _____

GENERAL LIABILITY

- Are there any public exposures?..... YES NO
- Are visitors allowed on the premises?..... YES NO
- Are the premises surrounded by perimeter fencing and lockable gates?..... YES NO
- Are no trespassing signs posted?..... YES NO
- Is a security service used or are the premises patrolled during off hours?..... YES NO

What is the experience of the batch plant operator? _____

Is there a quarry exposure?..... YES NO

Is there a pit or water exposure on the premises?..... YES NO
If yes, please explain: _____

Are there any worked out or abandoned pit exposures?..... YES NO

Are any explosives used?..... YES NO
If yes, who is responsible for blasting operations: _____

Describe the quality control program in place: _____

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 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: _____

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

Are all drivers of heavy vehicles at least 25 years of age?..... YES NO

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

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

What is your employee turnover rate? _____

How are the drivers paid? Per Load Per Hour Per Mile Other (describe) _____

Vehicle Maintenance

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

Are there daily inspections?..... YES NO
If yes, how are they documented: _____

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

Are tires, brakes & steering inspected by a qualified mechanic?..... YES NO
If yes, how often: _____

Vehicles/Vehicle Use

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

What is the normal radius of operations? _____ miles

Are all units less than 12 years old?..... YES NO
If not, include inspection report for those units.

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: _____

- Are any vehicles used to transport the following?
- Hazardous, flammable, explosive commodities..... YES NO
 - Individuals other than employees..... YES NO
 - Oversized, overweight, or wide loads..... YES NO
 - Non-Owned trailers..... YES NO
 - Garbage, Refuse, Scrap, or Junk..... YES NO

*Describe any "Yes" Response: _____

Vehicle Storage

Describe where your vehicles are stored overnight: _____

If they are stored in a building, what is the maximum number of vehicles that can be stored in your building(s)? _____

If vehicles 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 vehicles equipped with anti-theft or asset tracking equipment? 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

Do you have a formal, written Fleet Safety Program in place?..... YES NO

If yes, include a copy of table of contents.

If no formal fleet safety program, describe any informal safety procedures or activities that are a regular part of you business operations: _____

Are safety meetings held on a regular basis?..... YES NO

If yes, how often: _____

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

Are all heavy trucks equipped with backup alarms?..... YES NO

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: _____