

## CONCRETE CONTRACTOR SUPPLEMENTAL APPLICATION

Please note a complete application for insurance consists of:

- ☐ Currently valued insurance company issued loss runs for current year and the six prior years for coverages being requested
- ☐ A list of all proposed Named Insured's and a detailed description of their operations
- ☐ Current experience modification rating worksheets on Workers' Compensation submissions
- ☐ Current WIP / work on hand schedule and brief overview of largest 3 jobs
- ☐ Contact name, telephone number and email address for Contractor's loss control and claims representatives
- ☐ Most recent audited financial statements
- ☐ ACORD applications completed for all coverages being requested
- ☐ Complete drivers schedules including name, date of birth, state of licensure

Name of Applicant:		Date Completed:	
Address :			
City:	State:	Zip Code:	
Website Address:		Phone Number:	
Lines of Business:	WC      GL      Auto      IM      Prop      XS	Effective Date:	
Is the applicant currently insured through the submitting Agency? If YES, for what lines of business?      Yes      No		WC      GL      Auto      IM      Prop      XS	

Agency:	Producer Name:
Address:	
City:	State:      Zip Code:
Phone:	Email:

ANNUAL PROJECTIONS				
Revenues	Subcontracted Costs	Payroll	Power Units	Insured Values
\$	\$	\$	\$	\$

OPERATIONS								
<p><b>ELIGIBILITY:</b></p> <ol style="list-style-type: none"> <li>Please attach a list of the Applicant's jobs (job list) for the last two years as well as a list of the jobs committed to for the next 12 months.</li> <li>Enter the percentage of the Applicant's own payroll or sales that emanate from the following operations. Exclude work that the Applicant subcontracts to others when determining eligibility percentages. Percentages based on: (check one)      payroll or      sales</li> </ol> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td>Concrete maintenance and/or repair work</td> <td style="text-align: right;">_____ %</td> </tr> <tr> <td>Concrete paving (including ground supported concrete floors, driveways, sidewalks, curbs, gutters, patios)</td> <td style="text-align: right;">_____ %</td> </tr> <tr> <td>Concrete tilt-up construction</td> <td style="text-align: right;">_____ %</td> </tr> <tr> <td>Concrete construction, NOC</td> <td style="text-align: right;">_____ %</td> </tr> </table>	Concrete maintenance and/or repair work	_____ %	Concrete paving (including ground supported concrete floors, driveways, sidewalks, curbs, gutters, patios)	_____ %	Concrete tilt-up construction	_____ %	Concrete construction, NOC	_____ %
Concrete maintenance and/or repair work	_____ %							
Concrete paving (including ground supported concrete floors, driveways, sidewalks, curbs, gutters, patios)	_____ %							
Concrete tilt-up construction	_____ %							
Concrete construction, NOC	_____ %							

Producer Initials: \_\_\_\_\_  
Date: \_\_\_\_\_

3. What percentage of the Applicant's work involves airport runway, taxiway, or apron construction? \_\_\_\_\_%

4. A) What percentage of the Applicant's work involves blasting (use of explosives)? \_\_\_\_\_%

B) Does the Applicant do any blasting work for others? \_\_\_\_\_

5. Do any of the Applicant's operations involve construction, repair, rehab/renovation, piping or service work at **waste water treatment plants**?            Yes            No

If yes, what percentage of payroll does the applicant estimate will involve this work during the next twelve months? \_\_\_\_\_%

6. Does the Applicant communicate with the One-Call Service Center and the area utility owners that is not members of the One-Call Service Center prior to all excavation work?            Yes            No

If No, the applicant will be required to do so and adhere to excavation best practices in order to obtain coverage.

7. Does the applicant have a structural engineer on staff?            Yes            No

If Yes, does the Applicant carry professional liability insurance? \_\_\_\_\_

If No, does the Applicant require the engineer carry their own professional liability insurance? \_\_\_\_\_

8. Applicant operates as a (include percentage for each applicable category):

Construction Manager _____%	General Contractor _____%	Prime Contractor _____%	Subcontractor _____%
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9. Does the Applicant perform construction work involving any of the following:

Asphalt and blacktop work	Yes	No
Bridge or elevated highway	Yes	No
Cassion or dam work	Yes	No
Concrete pumping operations for others	Yes	No
Industrial and chemical waste collection of sedimentation pond construction	Yes	No
Masonry construction	Yes	No
Plastering operations (including EIFS)	Yes	No
Pre-stressed structural concrete	Yes	No
Ready-mix operations, concrete or cement hauling for others	Yes	No
Sand and gravel hauling for others	Yes	No
Street or road construction	Yes	No
Stucco work (including EIFS)	Yes	No
Subway or tunnel construction	Yes	No
Swimming pool construction in excess of 25%	Yes	No
Tilt-slab or tilt-up concrete construction in excess of 50 feet in height	Yes	No

10. Does the Applicant perform **any** work at or near nuclear facilities?            Yes            No

Has the Applicant done so in the past?            Yes            No

Will the Applicant do so in the future, if the opportunity arises?            Yes            No

Explain any yes response below \_\_\_\_\_  
\_\_\_\_\_

Producer Initials: \_\_\_\_\_

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

11. In the table below, indicate the percentage of the Applicant's total payroll or sales during the past 3 years that emanate from the following types of work.

**Include all work, whether self-performed or sublet to other contractors.**

**Sublet work should be classified according to the type of project ( commercial, industrial or residential/ habitational)**

Percentages are based on: (check one)	Payroll or Sales
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COMMERCIAL WORK	2 <sup>nd</sup> year prior ____%	1 <sup>st</sup> year prior ____%	Current year ____%
INDUSTRIAL WORK	____%	____%	____%
RESIDENTIAL/HABITATIONAL WORK (including condos)  See next page for various types. Include all work for residential/habitational projects, including work for such projects that is sublet to other contractors	____%	____%	____%

12. In the table below, provide a breakdown of the Applicant's residential & habitational work. The percentages for each type of work should represent an average of all such work the Applicant has performed in the past three years. **Include all such work, whether self-performed or sublet to other contractors.**

Percentages are based on: (check one)	Payroll or Sales
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RESIDENTIAL & HABITATIONAL WORK BREAKDOWN	% NEW or MAJOR REHAB/RENOVATION	+	% SERVICE OR MAINTENANCE	=	TOTAL %
CONDOMINIUMS (low and high-rise)	____%	+	____%	=	____%
APARTMENTS (low and high-rise)	____%	+	____%	=	____%
MULTI-FAMILY OWNED DEVELOPMENTS (including townhouses)	____%	+	____%	=	____%
SINGLE FAMILY DWELLINGS	____%	+	____%	=	____%
RETIREMENT HOMES/APTS/CONDOS & ASSISTED LIVING FACILITIES	____%	+	____%	=	____%
SWIMMING POOLS (residential and habitational only)	____%	+	____%	=	____%
MIXED-USE BUILDINGS WITH AT LEAST 30% RESIDENTIAL/HABITATIONAL OCCUPANCY	____%	+	____%	=	____%
OTHER RESIDENTIAL/HABITATIONAL STRUCTURES (describe):	____%	+	____%	=	____%

13. Does the Applicant have any future plans involving work on any of the residential/habitational structure types described in question #12? Yes No

If Yes, please describe the Applicant's future plans below: \_\_\_\_\_

14. Has the Applicant installed an EFS product, or similar exterior finishing system product, in the past? Yes No

If yes, please describe types of installations and approximate year of installations below.

Producer Initials: \_\_\_\_\_

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

15. Will the Applicant install and EFS product, or a similar exterior finishing system product on future projects if asked to do so?  
Yes      No
16. Does the Applicant own or operate a quart, sand pit or gravel pit?      Yes      No
17. Do any of the Applicant's operations involve sandblasting?      Yes      No
18. Has the Applicant ever been named in a claim and/or litigation regarding faulty or defective construction or workmanship, including claims due to subsidence or use of an EFS product?      Yes      No  
If yes, was the applicant acting as a      general,      prime or      sub-contractor?  
If yes, was it a      residential/habitational or      mixed-use building?  
If yes, provide a description of the work and status/outcome of the claim or suit below.  
\_\_\_\_\_
19. Does the Applicant construct retaining walls?      Yes      No  
If Yes, indicate the percentage of total operations/receipts that this work comprises \_\_\_\_\_%
20. Does the Applicant have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that could potentially give rise to any future claim or legal action?      Yes      No  
If yes, please describe below \_\_\_\_\_
21. Has the Applicant been cited for any OSHA violations in the last 3 years?      Yes      No  
If yes, explain below \_\_\_\_\_
22. Does the applicant hire sub-contractors?      Yes      No  
If **Yes**, list the types of work subcontracted: \_\_\_\_\_
23. Percentage of total work sub-contracted to others: \_\_\_\_\_%
24. Does the applicant obtain certificates of insurance from all sub-contractors?      Yes      No
25. Is there a Diary System in place to track expiration dates of certificates of insurance?      Yes      No
26. Is the applicant named as additional insured on all sub-contractors' policies?      Yes      No
27. Does the applicant require all sub-contractors to carry limits (including Excess limits) equal to or greater than their own?  
Yes      No
28. Does the applicant use written sub-contractor agreements containing hold harmless/indemnity agreements in favor of the applicant?      Yes      No
29. Does the applicant verify that all sub-contractors follow all industry requirements and applicable state and local codes?  
Yes      No
30. Indicate the types of sub-contractor agreements the applicant typically uses:  
\_\_\_\_ Standard (AGC, AIA contracts)  
\_\_\_\_ Custom  
\_\_\_\_ Other (explain) \_\_\_\_\_
- Have agreements been reviewed by contract specialty attorney?      Yes      No

Producer Initials: \_\_\_\_\_

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

31. Enter the percentage of the Applicant's own payroll or sales that emanate from new **residential/habitational** work from the following operations. Percentages based on:      Payroll or      Sales

Development site preparation (including rough and finish grading)	____%	Home site pad preparation (including rough and finish grading)	____%
Soil compaction	____%	Soil stabilization	____%
Foundation design	____%	Foundation excavation	____%
Foundation form construction	____%	Concrete pouring for foundations	____%

32. Enter the percentage of the Applicant's own payroll and/or sales that emanate from new commercial and industrial work from the following operations. Percentages based on: ☐ payroll or ☐ sales

Site preparation including ( rough and finish grading)	____%	Soil compaction	____%
Soil Stabilization	____%	Foundation design	____%
Foundation Excavation	____%	Foundation form construction	____%
Concrete pouring for foundations	____%	Foundation pier hole drilling	____%

33. List the states the Applicant has worked in the last 5 years

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34. Any current or past involvement with a wrap-up/OCIP/CCIP? Yes      No  
current or past involvement with a residential or habitational wrap-up/OCIP/CCIP?
35. Does the Applicant have a quality control program? If yes, is it (check one) Informal or Documented Yes      No
36. Does the applicant have a New Hire Orientation program with pre-hire physicals, drug screening, etc.? Yes      No
37. Does the Applicant retain job files? Yes      No  
If yes, how long? \_\_\_\_\_
38. Are safety meetings held on at least a quarterly basis; do managers and employees attend, and are attendance records kept? Yes      No  
If less than quarterly, how often? \_\_\_\_\_
39. Is the Applicant a member of ASCC? List other trade associations in which the Applicant is a member below. Yes      No

List the common routes travelled:		
From/To:	Miles/Trip	# Trips/Year
A.		
B.		
C.		
D.		
E.		
F.		

Producer Initials: \_\_\_\_\_  
Date: \_\_\_\_\_

**Do you have:**

Electronic recording devices?	Yes	No
Road Checks?	Yes	No
Radio Dispatch?	Yes	No
Are MVR's required/CDL's?	Yes	No
Is there a procedure for dealing with drivers who have accidents?	Yes	No
Do you haul double or triple trailers?	Yes	No
Do you hire Union Labor?	Yes	No
Do you provide all maintenance service on all vehicles?	Yes	No
If no, explain: _____		

Do you have your own parts department? Body Shop? \_\_\_\_\_ Service Bays? \_\_\_\_\_  
Safety Inspection Lane? \_\_\_\_\_ Number of full-time certified maintenance personnel? \_\_\_\_\_

Do you have a written maintenance program? Yes No

If yes, attach a copy.

List Maintenance Manager's name: \_\_\_\_\_

Who is this program maintained by? \_\_\_\_\_

Company \_\_\_\_\_ Owner/Operator \_\_\_\_\_ Same? \_\_\_\_\_

How many years in this position? \_\_\_\_\_ How many years with this company? \_\_\_\_\_

Producer Initials: \_\_\_\_\_

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

## DRIVER SELECTION

What are the hiring / selection procedures for drivers?

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How often are MVR's ordered?

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Does your driver selection procedure include:

Annual review of driving record?	Yes	No
D.O.T. certificate of road test?	Yes	No
D.O.T. certificate of written test?	Yes	No
Check sheet for driver's forms?	Yes	No
Drug testing (screening?)	Yes	No
MVR review prior to hire?	Yes	No
Notice of disqualification and/or probation?	Yes	No
Physical exam?	Yes	No
Reference Checks?	Yes	No
Road test?	Yes	No
Written application?	Yes	No
Written test?	Yes	No

Attach copies of all written materials associated with driver selection process.

Present number of full time drivers: Total: \_\_\_\_\_ Over 65 \_\_\_\_\_ Under 25 \_\_\_\_\_

Any part-time/seasonal drivers hired annually? \_\_\_\_\_

From \_\_\_\_\_ (month) To \_\_\_\_\_ (month)

Driver's pay scale is: \_\_\_\_\_ Union \_\_\_\_\_ Non-union \_\_\_\_\_ Hourly \_\_\_\_\_ Trip \_\_\_\_\_ Mileage \_\_\_\_\_ Load \_\_\_\_\_ Other: \_\_\_\_\_

Do you provide workers' compensation for all drivers?

If no, explain:

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## Safety

Is there a safety program in place? Yes No

If yes, attach a copy of written program. If no, explain:

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Name of Safety Director? \_\_\_\_\_ Years in position with firm? \_\_\_\_\_ Years in safety field? \_\_\_\_\_

How often are driver safety meetings held? \_\_\_\_\_

Is there a written driver training program? Yes No

If yes, attach a copy.

Is there a driver incentive program? Yes No

Explain: \_\_\_\_\_

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Producer Initials: \_\_\_\_\_

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

## APPLICANT HISTORICAL RESULTS

### GENERAL LIABILITY

YEAR	#CLAIMS	PAID LOSSES	RESERVE	TOTAL INCURRED	CARRIER	DATE VALUED	ACTUAL/ESTIMATED ANNUAL PREMIUM	ANNUAL REVENUE

### AUTOMOBILE

YEAR	#CLAIMS	PAID LOSSES	RESERVE	TOTAL INCURRED	CARRIER	DATE VALUED	ACTUAL/ESTIMATED ANNUAL	NUMBER OF MIXERS

### WORKERS COMPENSATION

YEAR	#CLAIMS	PAID LOSSES	RESERVE	TOTAL INCURRED	CARRIER	DATE VALUED	ACTUAL/ESTIMATED ANNUAL PREMIUM	ANNUAL PAYROLL

### PROPERTY/ INLAND MARINE

YEAR	#CLAIMS	PAID LOSSES	RESERVE	TOTAL INCURRED	CARRIER	DATE VALUED	ACTUAL/ESTIMATED ANNUAL	TOTAL VALUES

**Note: Provide large loss details for any claims over \$50,000 in table on next page**

Producer Initials: \_\_\_\_\_

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



LARGE LOSS DESCRIPTION (>\$50,000)

TYPE OF LOSS	DATE OF LOSS	CLAIMANT	DESCRIPTION

Producer Initials: \_\_\_\_\_  
Date: \_\_\_\_\_

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

NOTICE TO OREGON APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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 TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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.

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

Agent represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

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 hereof.

Agency Name: \_\_\_\_\_ Title: \_\_\_\_\_

Producer Signature \_\_\_\_\_ Date: \_\_\_\_\_

Agent further acknowledges that the answers provided herein are based on a reasonable Inquiry and/or investigation.

Producer Initials: \_\_\_\_\_  
Date: \_\_\_\_\_