



Company Name: _____

1. Years in business: _____ 2. FEIN: _____

3. States in which you operate: _____

4. Company Contact: _____

Office Number: _____ Cell Number: _____

Email Address: _____

5. 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 \$ _____

6. Indicate what % of your operations are generated from each of the following:

- * Ready Mix Concrete _____ %
* Volumetric Mixers _____ %
* Sand & Gravel Hauling _____ %
* Concrete Pumping _____ %
* Grading of Land _____ %
* Light Concrete Construction _____ %

Describe: _____

* Sales of Building Materials _____ %

Describe: _____

* Other _____ %

Describe: _____

7. Indicate what % of your operations are generated from each of the following

- * Residential _____ %
* Commercial _____ %
* Industrial _____ %
* Government / Public Works _____ %

8. 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 rebar, forms setup, & underpinning Yes No

If yes, please explain: _____

- 8a. Any Insurance claims or losses in the last 5 years? Yes No
 If yes, please explain: _____

 Type of Claim: _____
- 8b. Last years total cost of Insurance \$ _____

Property

9. Is all electrical equipment and wiring scheduled for periodic inspections by a qualified, licensed electrician? Yes No
10. Are conveyor systems properly lubricated and maintained and in good condition? Yes No
11. Is smoking permitted? Yes No
12. Housekeeping? Above Average
 Average
 Below Average

Comments: _____

13. Distance to nearest fire department: _____ miles
14. Average response time: _____ Minutes
15. What are the ages, types and condition of the computers, including computerized control consoles in the batch plant?
 Details: _____

General Liability

16. Are there any public exposures? Yes No
17. Are visitors allowed on the premises? Yes No
18. Are the premises surrounded by perimeter fencing and lockable gates? Yes No
19. Are no trespassing signs posted? Yes No
20. Is a security service used or are the premises patrolled during off hours? Yes No
21. What is the experience of the batch plant operator?
 Details: _____

22. Is there a quarry exposure? Yes No
23. Is there a pit or water exposure on the premises? Yes No
 If yes, please explain: _____

24. Are there any worked out or abandoned pit exposures? Yes No
25. Are any explosives used? Yes No
 If yes, who is responsible for blasting operations: _____

26. Describe the quality control program in place: _____

Filings

- | | | | |
|-----|--|-----|----|
| 27. | Any statutory filings required? | Yes | No |
| 28. | Motor Carrier Number: _____ | | |
| 29. | Exact Name & Address for Filings: _____
_____ | | |

Drivers

- | | | | |
|-----|--|-----|----|
| 30. | Are MVR's obtained before hiring? | Yes | No |
| 31. | Are periodic MVR's obtained on all drivers?
If yes, how often? _____ | Yes | No |
| 32. | Are pre-employment physicals required? | Yes | No |
| 33. | Are CDL's required when applicable? | Yes | No |
| 34. | Alcohol / Drug testing required at time of hire? | Yes | No |
| 35. | Are DOT files maintained on all drivers as required? | Yes | No |
| 36. | Is there an operator / Driver training program? | Yes | No |
| 37. | Is there a driver selection program in place with set standards? | Yes | No |
| 38. | What are the company's guidelines for an acceptable driver?
Explain: _____
_____ | | |
| 39. | Total number of drivers: _____ | | |
| 40. | Total number of drivers with your company for less than one year? _____ | | |
| 41. | Are all drivers of heavy vehicles at least 25 years of age? | Yes | No |
| 42. | Are union hall or temporary drivers used during peak time? | Yes | No |
| 43. | What is the average number of years your employees have been employed by you? _____ | | |
| 44. | What is your employee turnover rate? _____ | | |

Vehicle Maintenance

- | | | | |
|-----|--|-----|----|
| 45. | Is there a vehicle maintenance program in place? | Yes | No |
| 46. | Are there daily inspections?
If yes, how are they documented: _____ | Yes | No |
| 47. | Do drivers operate the same vehicles every day? | Yes | No |
| 48. | Are tires breaks and steering inspected by a qualified mechanic?
If yes, how often: _____ | Yes | No |

Vehicles / Vehicle Use

- | | | | |
|-----|---|-----|----|
| 49. | Are any vehicles insured elsewhere?
If yes, please explain: _____ | Yes | No |
| 50. | Are all units less than 12 years old? | Yes | No |
| 51. | Is there a written company policy on personal use of Vehicles?
If yes, please describe: _____
_____ | Yes | No |
| 52. | Do you allow vehicles to be taken home at night? | Yes | No |
| 53. | Are any employees, officers, owners etc. assigned to a permanent vehicle for their own use?
If yes, please explain: _____
_____ | Yes | No |
| 54. | Are non-employees (Spouse, children, friends, etc.) permitted to drive the insured vehicles?
If yes, please describe: _____ | Yes | No |

55. Are any vehicles used to transport the following?
- | | | | |
|----|---|-----|----|
| a. | Hazardous, flammable, explosive commodities | Yes | No |
| b. | Individuals other than employees? | Yes | No |
| c. | Oversized, overweight or wide loads? | Yes | No |
| d. | Non-owned trailers? | Yes | No |
| e. | Garbage, refuse, scrap or junk? | Yes | No |

Describe any "Yes" response: _____

Safety Management

56. Do you have a formal, written Fleet Safety Program in place? Yes No
 If yes, include a copy of table of contents

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

58. Are safety meetings held on a regular basis? Yes No
 59. Do you have a dedicated Risk Manager in your organization? Yes No
 60. Are all heavy trucks equipped with backup alarms? Yes No
 61. Is a formal accident investigation / review procedure in place? Yes No
 If yes, please describe: _____

62. Is there a progressive discipline policy for drivers involved in multiple accidents / violations, etc? Yes No
 63. Do you have any restriction on the use of cell phones while driving company vehicles? Yes No
 If yes, please describe: _____

Signature: _____

Date: _____

(Owner)

Email Address: _____