



READY MIX CONCRETE SUPPLEMENTAL APPLICATION

SECTION A: Applicant Information

- Applicant Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Website: _____ Phone Number: _____
- Proposed Effective Date: From: _____ To: _____ 12:01 A.M., Standard Time at Address of Applicant

SECTION B: Business Information

- Form of Insured's business:
☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other: _____
- FEIN: _____
- Year of business establishment: _____
- List states in which you operate: _____
- Estimated payroll next 12 months: _____ Estimated subcontracted costs next 12 months: _____

SECTION C: Operations Information

- Description of operations: _____

- Please complete the below with gross receipts (\$):
1st prior year gross receipts: _____ 2nd prior year gross receipts: _____
3rd prior year gross receipts: _____ 4th prior year gross receipts: _____
- Indicate as a percentage, what amount of Insured's operations fall within the following:
Ready Mix Concrete: _____
Volumetric Mixers: _____
Sand and Gravel Hauling: _____
Concrete Pumping: _____
Grading of Land: _____
Light Concrete Construction: _____ → describe: _____
Sales of Building Materials: _____ → describe: _____
Other: _____ → describe: _____
- Indicate as a percentage, what Insured's operations are generated from:
Urban/Inner City Environments: _____
Rural Environments: _____
- Indicate as a percentage, what Insured's operations are generated from:
Residential: _____
Commercial: _____
Industrial: _____
Government/Public Works: _____
- If residential operations are indicated above, provide the following as percentages:
Condominiums: _____
Residential Housing: _____
Tract Housing: _____
Apartments: _____

7. Is the Insured involved in any of the following (select all that apply):

- ☐ Ownership, Use, or Operation of Cranes
- ☐ Hauling of Construction Debris
- ☐ Hauling of Hazardous Materials
- ☐ Laying of Concrete, including Rebar, Forms Setup and Underpinning

SECTION D: Property Information

1. Is all electrical equipment/wiring scheduled for periodic inspections by a qualified, licensed electrician? ☐ Yes ☐ No
2. Are conveyor systems properly lubricated, maintained, and in good condition? ☐ Yes ☐ No
3. Is smoking permitted? ☐ Yes ☐ No
4. Is housekeeping:
☐ Average ☐ Above Average ☐ Below Average
Explain selection: _____
5. What is the distance to the nearest fire department (miles): _____
What is the average response time (minutes): _____
6. What are the ages, types, and conditions of the computers, including computerized control consoles in the batch plant?

SECTION E: General Liability Information

1. Are there any public exposures? ☐ Yes ☐ No
2. Are visitors allowed on the premises? ☐ Yes ☐ No
3. Are the premises surrounded by perimeter fencing and lockable gates? ☐ Yes ☐ No
4. Are "no trespassing" signs posted? ☐ Yes ☐ No
5. Is a security service used or are the premises patrolled during off hours? ☐ Yes ☐ No
6. What is the experience of the batch plant operator? _____
7. Is there a quarry exposure? ☐ Yes ☐ No
8. Is there a pit or water exposure on the premises? ☐ Yes ☐ No
If yes, please explain: _____
9. Are there any worked out or abandoned pit exposures? ☐ Yes ☐ No
10. Are there any explosives used? ☐ Yes ☐ No
11. Please describe the quality control program in place:

SECTION F: Auto Information

1. Are any statutory filings required? ☐ Yes ☐ No
What is the motor carrier number: _____
What is the exact name and address for filings: _____
2. Are driver MVRs obtained before hiring? ☐ Yes ☐ No
3. Are periodic MVRs obtained on all drivers? ☐ Yes ☐ No
If yes, how often? _____
4. Are pre-employment physicals required? ☐ Yes ☐ No
5. Are CDL's required when applicable? ☐ Yes ☐ No
6. Is alcohol/drug testing required at time of hire? ☐ Yes ☐ No
7. Are DOT files maintained on all drivers as required? ☐ Yes ☐ No

8. Is there a driver training program? ☐ Yes ☐ No
9. Is there a driver selection program in place with set standards? ☐ Yes ☐ No
10. What are the company's guidelines for an acceptable driver?

11. What is the total number of drivers? _____ Total no. of drivers with company for less than one year? _____
12. Are all drivers of heavy vehicles at least 25 years of age? ☐ Yes ☐ No
13. Are union hall or temporary drivers utilized? ☐ Yes ☐ No
14. What is the average number of years your employees have been employed by Insured? _____
15. What is the employee turnover rate? _____
16. How are drivers paid?
☐ Per load ☐ Per hour ☐ Per mile ☐ Other (specify): _____

SECTION G: Vehicle Maintenance, Use, and Storage Information

1. Is there a vehicle maintenance program in place? ☐ Yes ☐ No
2. Are there daily inspections? ☐ Yes ☐ No
 If yes, how are they documented? _____
3. Do drivers operate the same vehicles every day? ☐ Yes ☐ No
4. Are tires, brakes, and steering inspected by a qualified mechanic? ☐ Yes ☐ No
 If yes, how often? _____
5. Are any vehicles insured elsewhere? ☐ Yes ☐ No
 If yes, please explain: _____
6. What is the normal radius of operations (miles)? _____
7. Are all units less than 12 years old? ☐ Yes ☐ No
If no, please include inspection report for units over 12 years old
8. Is there a written company policy on personal use of vehicles? ☐ Yes ☐ No
 If yes, please explain: _____
9. Does Insured allow vehicles to be taken home at night? ☐ Yes ☐ No
10. Are any employees, officers, owners, etc. assigned a permanent vehicle for their own use? ☐ Yes ☐ No
 If yes, please explain: _____
11. Are non-employees (spouse, children, friends, etc.) permitted to drive insured vehicles? ☐ Yes ☐ No
 If yes, please explain: _____
12. Are any vehicles used to transport the following (select any that apply):
☐ Hazardous, Flammable, Explosive Commodities
☐ Individuals other than Employees
☐ Oversized, Overweight, or Wide Loads
☐ Non-Owned Trailers
☐ Garbage, Refuse, Scrap, or Junk
 If any of the above are selected, describe:

13. Describe where vehicles are stored overnight: _____
14. If vehicles are stored in a building, what is the maximum number of vehicles that can be stored? _____
15. If vehicles are stored outside, how close are they parked to your building? _____
16. If vehicles are stored outside, is the area fenced or otherwise protected during non-business hours? _____
17. Are vehicles equipped with anti-theft or asset tracking equipment? ☐ Yes ☐ No
 If yes, please explain: _____

18. Please complete the table below (vehicle weight in pounds-G.V.W.):

Year	No. of Private Passenger	No. of Light Trucks (0-10,000)	No. of Med. Trucks (10,001-20k)	No. of Heavy Trucks (20,001-45k)	No. of Extra Heavy Trucks (45,000+) (all mixers, dumps, pump trucks)	No. of Extra Heavy Truck-Tractors (45,000+)	No. of Trailers
1st Yr Prior							
2nd Yr Prior							
3rd Yr Prior							
4th Yr Prior							
5th Yr Prior							

SECTION H: Safety Information

1. Do you have a formal, written Fleet Safety Program in place? ☐ Yes ☐ No

If yes, please include a copy of table of contents

If no, describe any informal safety procedures or activities that are a regular part of business operations:

2. Are safety meetings held on a regular basis? ☐ Yes ☐ No

If yes, how often? _____

3. Does the Insured have a dedicated Risk Manager in the organization? ☐ Yes ☐ No

4. Are all heavy trucks equipped with backup alarms? ☐ Yes ☐ No

5. Is a formal accident investigation/review procedure in place? ☐ Yes ☐ No

If yes, please describe: _____

6. Is there a progressive discipline policy for drivers involved in multiple accidents/violations, etc.? ☐ Yes ☐ No

7. Does the Insured have any restrictions on the use of cell phones while driving company vehicles? ☐ Yes ☐ No

If yes, please describe: _____

8. Does the Insured use telematics (GPS, DriveCam), etc.) in your trucks? ☐ Yes ☐ No

If yes, state the type(s) and what the purpose is/what is being collected:

Who monitors this data and what is done with the data after review?

SECTION I: Notice and Signature

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on any application, supplemental questionnaire or other written correspondence submitted in support of the submission made for purposes of obtaining insurance quotations and/or coverage for the applicant. They represent that the answers are true, correct and complete to the best of their knowledge.

Applicant Name: _____

Applicant Title: _____

Applicant Signature: _____

Date: _____