

# Demolition Contractors Questionnaire



PROGRAM UNDERWRITERS

1. COMPANY NAME:
2. ADDRESS:
3. PHONE NUMBER:
4. CONTACT NAME:
5. TOTAL NUMBER OF EMPLOYEES:
6. UNION AFFILIATIONS:
7. EFFECTIVE DATE:
8. YEAR BUSINESS STARTED:
9. MANAGEMENT EXPERIENCE IN INDUSTRY:
10. FEDERAL ID#:
11. TRADE AND ASSOCIATION MEMBERSHIPS:
12. WEBSITE:

OPERATIONS	
TOTAL REVENUE (INCL. SALVAGE) \$	TOTAL PAYROLL \$
SALVAGE REVENUE \$	PAYROLL EXCLUDING OFFICE I CLERICAL \$
SEE BELOW FOR ACTIVITY WORKSHEET	
<b>DEMOLITION BUILDING TYPES:</b> COMMERCIAL % MANUFACTURING /WAREHOUSE % RESIDENTIAL % OTHER %	<b>DEMOLITION WORK BREAKDOWN:</b> EXTERIOR % INTERIOR/ STRIP OUT %
<b>DEMOLITION BUILDING HEIGHTS:</b> MAXIMUM HEIGHT OF WORK 1 - 3 STORIES % OVER 3 STORIES %	<b>DEMOLITION WORK BY AREA:</b> CITY % SUBURBAN % RURAL %
<b>DEMOLITION OCCUPANCY:</b> UNOCCUPIED BUILDINGS % PARTIALLY OCCUPIED BUILDINGS %	<b>DURING THE PAST 12 MONTHS:</b> NUMBER OF JOBS USING WRECKING BALLS  NUMBER OF JOBS USING BLASTING OR IMPLOSIONS
DO YOU PLAN TO USE WRECKING BALLS OR IMPLOSIONS ON ANY FUTURE OPERATIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
TERRITORY OF OPERATIONS:	
WHAT TYPES OF ITEMS ARE SALVAGED?	
WHAT IS THE METHOD OF DISPOSAL FOR THE SALVAGED ITEMS?	

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ESTIMATED PAYROLL AND RECEIPTS BREAKDOWN BY CLASSIFICATION		
CLASSIFICATION	PAYROLL	GROSS RECEIPTS
1. CARPENTRY N.O.C.	\$	\$
2. CONCRETE CONSTRUCTION	\$	\$
3. CONTRACTORS EXECUTIVE SUPERVISOR	\$	\$
4. CONTRACTORS PERMANENT YARD	\$	\$
5. METAL ERECTION - STRUCTURAL	\$	\$
6. CONTRACTORS EQUIPMENT, EARTH MOVING EQUIPMENT OTHER THAN CRANES RENTED TO OTHERS WITH OPERATORS	\$	\$
7. CONTRACTORS EQUIPMENT, EXCLUDING AUTOS RENTED TO OTHERS WITH OPERATOR	\$	\$
8. CONTRACTORS EQUIPMENT, EXCLUDING AUTOS RENTED TO OTHERS W/O OPERATOR	\$	\$
9. SALVAGE OPERATIONS	\$	\$
10. SECOND HAND BUILDING MATERIAL SALES	\$	\$
11. EXCAVATION	\$	\$
<b>TYPE OF EXCAVATION PERFORMED:</b>	<b>PAYROLL</b>	<b>GROSS RECEIPTS</b>
12. GARBAGE, ASH, REFUSE COLLECTION (DEBRIS BOXES)	\$	\$
13. GRADING OF LAND	\$	\$
<b>TYPE OF GRADING PERFORMED:</b>	<b>PAYROLL</b>	<b>GROSS RECEIPTS</b>
14. MACHINERY & EQUIPMENT INSTALLATION, REPAIR, SERVICE	\$	\$
15. MASONRY WORK	\$	\$
16. TRUCKING FOR OTHERS	\$	\$
17. DRIVERS FOR YOU ONLY	\$	\$
18. WRECKING - BUILDING STRUCTURES	\$	\$
19. OTHER (DESCRIBE):	\$	\$
Total	\$	\$

Note: If multi-state operation, please provide breakdown by state

GENERAL LIABILITY	
1. ARE THE CONDITIONS OF NEARBY STRUCTURES DOCUMENTED BEFORE DEMOLITION BEGINS? IF YES, DOES THE DOCUMENTATION INCLUDE THE FOLLOWING? <ul style="list-style-type: none"> <li>• INSPECTION OF ADJACENT FACILITIES</li> <li>• PHOTOGRAPHS OR VIDEO OF ADJACENT STRUCTURES</li> <li>• STRUCTURAL INTEGRITY OF ADJOINING WALLS AND FOUNDATIONS PERFORMED BY A THIRD PARTY OTHER THAN THE INSURED</li> </ul> IF NO, WHAT DOCUMENTATION METHODS ARE EMPLOYED?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2. ARE SHARED WALLS OR FOUNDATIONS SHORED UP BEFORE DEMOLITION BEGINS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. ARE JOB SITES SECURED WITH THE FOLLOWING? <ul style="list-style-type: none"> <li>• TEMPORARY PERIMETER FENCING</li> <li>• "NO TRESPASSING" SIGNS</li> <li>• LIGHTING DURING NIGHT HOURS</li> <li>• PATROLLED BY SECURITY GUARDS</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4. ARE JOB SITE RESTRICTED AREAS POSTED WITH SIGNS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. ARE JOB SITE VISITORS ACCOMPANIED BY THE INSURED? IF NO, WHAT CONTROLS ARE IN PLACE FOR JOB SITE VISITORS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. ARE SIDEWALK SHEDS USED TO PROTECT PEDESTRIANS FROM ANY FALLING DEBRIS? IF NO, HOW ARE PEDESTRIANS PROTECTED FROM FALLING DEBRIS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. DO YOU EVER BARRICADE OR BLOCK OFF THOROUGHFARES, PUBLIC WALKWAYS OR SIDEWALKS WITHOUT A PERMIT OR THE EQUIVALENT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. DO YOU EVER ENCROACH ON PUBLIC STREETS WITH MATERIALS, DEBRIS OR EQUIPMENT WITHOUT A PERMIT OR THE EQUIVALENT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. IF BARRICADING OR ENCROACHING IS PROMINENT, ARE VISIBLE WARNINGS POSTED TO ALERT THE PUBLIC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. ARE SIGNS AND LIGHTING USED TO POINT OUT HAZARDS AT THE WORK SITE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. ARE UTILITY COMPANIES, OR THEIR EQUIVALENT, CONSULTED PRIOR TO THE START OF THE JOB?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. ARE THEIR FINDINGS DOCUMENTED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. ARE THE UTILITIES AND POWER SHUT DOWN PRIOR TO BUILDING DEMOLITION? IF NO, PLEASE EXPLAIN.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. ARE UTILITY LINES, CABLES AND PIPING PROTECTED FROM DAMAGE BEFORE DEMOLITION BEGINS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. FOR RIP-OUT RENOVATION WORK, HOW ARE THE BUILDING SECTIONS INCLUDING LOAD BEARING WALLS PROTECTED FROM DAMAGE AND INTERIOR CONTENT THAT IS NOT TO BE DISTURBED? PLEASE OUTLINE THE APPROPRIATE PROCEDURES.	

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<p>16. WHEN DOING INTERIOR DEMOLITION WORK, IS THE STANDARD PROCEDURE TO SHUT OFF THE WATER SUPPLY AND OVERHEAD WATER SPRINKLER SYSTEMS? IF NO, PLEASE EXPLAIN WHY AND DESCRIBE WHAT IS DONE TO PREVENT DAMAGE TO THESE SYSTEMS:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>17. IS THERE A KNOWN, STANDING ORDER TO SHUT OFF ANY KIND OF WATER MISTING SYSTEMS USED TO HOLD DOWN DUST ON INTERIOR JOBS WHENEVER THE CONTRACTOR IS NOT AT THE SITE?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>18. ARE PROPER VENTILATION METHODS USED IN CONFINED SPACES THAT MAY CONTAIN NOXIOUS, COMBUSTIBLE VAPORS TO AVOID THE HAZARD OF EXPLOSION?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>19. IS TORCH WORK PERFORMED? IF YES, HOW ARE SPARKS AND HOT SLAG CONTAINED IN ORDER TO AVOID A FIRE HAZARD?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>20. IS ALL EQUIPMENT REGULARLY INSPECTED AND MAINTAINED TO PREVENT FAILURES? HOW OFTEN?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>21. DO YOU MANUFACTURE AND/OR FABRICATE ANY EQUIPMENT, PARTS OR ACCESSORIES FOR SALE, LEASE, RENT OR LOAN? IF YES, PLEASE PROVIDE DETAILS, BROCHURES, ANNUAL SALES AND PERCENTAGE OF OVERALL BUSINESS:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>22. ARE YOUR OPERATORS? <input type="checkbox"/> Union <input type="checkbox"/> Non-union</p> <ul style="list-style-type: none"> <li>• IF UNION, WHAT IS THE FREQUENCY OF REFERRAL TO THE UNION HALL FOR NEW OR TEMPORARY WORKERS?</li> <li>• HAVE UNION WORKERS EVER BEEN REJECTED?</li> <li>• WHAT SCREENING METHODS ARE EMPLOYED FOR QUALIFIED WORKERS AND/OR EQUIPMENT OPERATORS WHEN USING UNION HALL REFERRALS?</li> <li>• IF THE EMPLOYEES ARE NON-UNION, WHAT EMPLOYEE HIRING AND SCREENING PROCEDURES ARE EMPLOYED TO ENSURE QUALITY EMPLOYEE SELECTION?</li> </ul>	
<p>23. IS ANY LEASING OF EMPLOYEES DONE? IF YES, HOW OFTEN?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>24. IS EVIDENCE OF THE LEASING COMPANIES GENERAL LIABILITY INSURANCE SECURED?</p> <ul style="list-style-type: none"> <li>• IS THE CONTRACTOR NAMED AS AN ADDITIONAL INSURED ON THE LEASING COMPANY'S GENERAL LIABILITY POLICY?</li> <li>• IS THE CONTRACTOR HELD HARMLESS BY THE LEASING COMPANY FOR THE ACTIONS OF THEIR EMPLOYEES?</li> </ul>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>25. ARE ALL EMPLOYEES, LEASED OR NOT, GIVEN ON-GOING TRAINING DURING THE COURSE OF THEIR EMPLOYMENT?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>26. ARE HAZARDOUS SUBSTANCES IDENTIFIED AND PROTECTIVE GEAR USED FOR EXPOSURE TO :</p> <ul style="list-style-type: none"> <li>• ASBESTOS</li> <li>• LEAD</li> <li>• POLYCHLORINATED BIPHENYLS (PCB)</li> <li>• ANY OTHER HAZARDOUS MATERIALS</li> </ul>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>27. DO YOU PERFORM ANY ASBESTOS, LEAD OR MOLD REMEDIATION?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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<p>IF YES, PLEASE ANSWER THE FOLLOWING.          DESCRIBE YOUR QUALIFICATIONS.          DESCRIBE YOUR TRAINING.          NUMBER OF JOBS THAT INCLUDED ASBESTOS ABATEMENT DONE LAST YEAR?          WHERE DO YOU DISPOSE OF THE ASBESTOS/LEAD/MOLD?</p>	
<p>28. DO YOU PERFORM BLASTING OPERATIONS?          • ARE BLASTING OPERATIONS ON YOUR JOBS PERFORMED BY OTHERS?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>29. DO YOU HAVE A FORMAL LOSS CONTROL OR SAFETY PROGRAM?          • DOES THE SAFETY PROGRAM SPECIFICALLY DETAIL MEASURES TO CONTROL THE EXPOSURES THAT ARE PRESENTED BY THE HAZARDS OF THE JOBS THAT ARE ENCOUNTERED?          • DOES THE SAFETY PROGRAM ADDRESS PROCEDURES TO PREVENT DAMAGE TO NEIGHBORING BUILDINGS?          • WHAT ARE THESE PROCEDURES?          • DOES THE SAFETY PROGRAM ADDRESS PROCEDURES RELATING TO THE PREVENTION OF EQUIPMENT VIBRATIONS FROM CRACKING NEIGHBORING CONCRETE AND OTHER INFLEXIBLE CONSTRUCTION MATERIAL THAT MAY COMPRISE A STRUCTURE?          • DOES THE SAFETY PROGRAM ADDRESS THE ISSUE OF PREVENTING OVER DEMOLISHING ON A PROJECT?          IF YES, WHAT ARE THE METHODS ARE EMPLOYED?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No   <input type="checkbox"/> Yes <input type="checkbox"/> No   <input type="checkbox"/> Yes <input type="checkbox"/> No   <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>30. DO YOU HAVE A RISK MANAGER AND/OR SAFETY DIRECTOR WHO IS RESPONSIBLE FOR SAFETYACTIVITIES?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>31. ARE REGULAR SAFETY MEETINGS HELD WITH EMPLOYEES/WORKERS?          IF YES, WHAT SAFETY ACTIVITIES ARE DISCUSSED?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>32. IS WORK PERFORMED FOR A MUNICIPALITY?          IF YES, PLEASE IDENTIFY THE MEASURES THAT ARE TAKEN TO MAKE SURE THAT THE PROPER ADDRESS/LOCATION IS DEMOLISHED.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>33. DO YOU USE SUBCONTRACTORS?          IF YES, PROVIDE THE FOLLOWING:          • FOR WHAT WORK ARE THE SUBCONTRACTORS HIRED?          • WHAT IS THE ANNUAL AMOUNT OF CONTRACT COST FOR THE SUBBED OUT WORK? \$          • PERCENT OF REVENUE %          • DO YOU ALWAYS USE WRITTEN CONTRACTS CONTAINING HOLD HARMLESS AGREEMENTS WITH SUBCONTRACTORS?          • DO YOU REQUIRE ALL SUBCONTRACTORS TO INCLUDE YOU AS AN ADDITIONAL INSURED?          • DO YOU REQUIRE CERTIFICATES OF GENERAL LIABILITY INSURANCE FROM ALL SUBCONTRACTORS?          • WHAT LIMITS DO YOU REQUIRE FROM YOUR SUBCONTRACTORS? AT A MINIMUM, THEY SHOULD BE THE EQUIVALENT OF YOUR GL LIMITS.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No     <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>34. DO YOU RENT EQUIPMENT FROM OTHERS?          • IF YES, IS RENTED EQUIPMENT OPERATED BY YOUR EMPLOYEES?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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PROGRAM UNDERWRITERS

<ul style="list-style-type: none"> <li>WHAT TYPE OF EQUIPMENT IS RENTED?</li> </ul>	
<p>35. DO YOU USE, OWN, RENT, OR OPERATE CRANES?</p> <p>IF YES, PROVIDE THE FOLLOWING :</p> <ul style="list-style-type: none"> <li>NUMBER OF JOBS IN WHICH CRANES USED IN THE PAST YEAR?</li> <li>NUMBER OF CRANES OWNED?</li> <li>NUMBER OF CRANES RENTED ANNUALLY WITH OR WITHOUT OPERATORS?</li> <li>IF WITH OPERATORS, ARE THEY CERTIFIED AND PROPERLY TRAINED?</li> <li>BOOM HEIGHTS.</li> <li>ALARMS.</li> <li>HOW ARE THE CRANES USED?</li> <li>ARE OUTRIGGERS ALWAYS DEPLOYED WHEN IN USE? IF NO, PLEASE PROVIDE DETAILS.</li> <li>ARE CRANES CERTIFIED? IF YES, HOW OFTEN AND BY WHOM?</li> <li>NUMBER OF CRANE OPERATORS THAT ARE THE INSURED'S EMPLOYEES.</li> <li>ARE THESE OPERATORS CERTIFIED AND PROPERLY TRAINED?</li> </ul>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Yes No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
36. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?	<input type="checkbox"/> Yes <input type="checkbox"/> No

AUTO	
1. ARE DRIVERS TRAINED IN PROPER TECHNIQUES TO SECURE LOADS FOR TRANSPORT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. ARE VINYL OR MESH TARPS USED TO COVER DEBRIS HAULED ON TRUCKS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. ARE VEHICLES EQUIPPED WITH WARNING DEVICES AND BACKUP ALARMS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. ARE ALL DRIVERS OPERATING VEHICLES OVER 26,001 GVW REQUIRED TO HAVE A CDL?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. DO YOU HAVE A ROUTINE VEHICLE MAINTENANCE PROGRAM?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. IS FLEET MAINTENANCE PERFORMED BY YOUR EMPLOYEES?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>IF SO, WHAT MAINTENANCE DO THEY PERFORM?</li> <li>WHAT MAINTENANCE IS PERFORMED BY OUTSIDE AGENCIES?</li> </ul>	
7. ARE EMPLOYEES REPAIRING VEHICLES CERTIFIED MECHANICS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. DO YOU PERFORM THE FOLLOWING PRIOR TO HIRING NEW DRIVERS?	
<ul style="list-style-type: none"> <li>PHYSICAL EXAM</li> <li>CHECK MVR</li> <li>DO YOU CHECK MVRS ON A REGULAR BASIS AFTER HIRING?</li> <li>IF SO, ON WHAT FREQUENCY?</li> <li>DRIVING TEST</li> </ul>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
9. DO YOU HAVE A FORMAL DRIVER SAFETY PROGRAM?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. ON INSURED'S PREMISES, ARE THE VEHICLES PROTECTED WHEN NOT IN USE?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<ul style="list-style-type: none"> <li>• IF SO, HOW?</li> </ul>	
<p>11. IF THE VEHICLES ARE LEFT ON THE JOB SITES OVERNIGHT, ARE THEY PROTECTED FROM VANDALISM AND THEFT?</p> <ul style="list-style-type: none"> <li>• IF SO, HOW?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>AUTO OPERATIONS</b>	
<p>1. DO YOU HAVE ANY OWNED AUTOS OR ANY AUTOS LEASED ON A LONG-TERM BASIS? (IF NOT, PLEASE SKIP TO QUESTION 3)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. DO YOU HAVE A WRITTEN FLEET SAFETY POLICY STATEMENT? IF YES, PLEASE ATTACH A COPY.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. ARE MVRs (MOTOR VEHICLE REPORTS) ORDERED AND REVIEWED ON ALL EMPLOYEES (INCLUDING THOSE EMPLOYEES HIRED DURING THE POLICY TERM) PRIOR TO APPROVING THE USE AND OPERATION OF THE INSURED'S VEHICLES, OR THOSE EMPLOYEES WHO WILL OPERATE THEIR OWN PERSONAL VEHICLES WHILE PERFORMING COMPANY DUTIES?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. HOW MANY EMPLOYEES USE THEIR PERSONAL VEHICLES FOR WORK PURPOSES? WHAT PERCENTAGE OF YOUR EMPLOYEES USE THEIR PERSONAL VEHICLE IN YOUR BUSINESS?      %</p>	
<p>5. WHAT LIMIT OF PERSONAL LIABILITY INSURANCE DO YOU REQUIRE EMPLOYEES TO CARRY IF THEY ARE USING THEIR OWN VEHICLES FOR WORK PURPOSES?</p>	
<p>6. DO YOU RENT, HIRE, OR LEASE VEHICLES ON A SHORT-TERM BASIS (6 MONTHS OR LESS)? IF YES, WHAT IS YOUR ESTIMATED ANNUAL COST?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. DO YOU HAVE A WRITTEN PROCEDURE OF THE SCREENING AND HIRING OF DRIVERS? IF YES, PLEASE ATTACH A COPY OF YOUR WRITTEN PROCEDURES OR PROVIDE DETAILS BELOW ON MVR DRIVING CRITERIA (HOW MANY TRAFFIC VIOLATIONS, DUI/DWI, SUSPENDED LICENSE, ETC.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. DO YOU HAVE A WRITTEN POLICY REGARDING THE USE OF CELL PHONES WHILE OPERATING VEHICLES? IF YES, PLEASE ATTACH A COPY</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. DO YOU HAVE A WRITTEN SUBSTANCE ABUSE POLICY? IF YES, PLEASE ATTACH A COPY</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. DO YOU HAVE A WRITTEN POLICY THAT APPLIES PROGRESSIVE DISCIPLINE IF A DRIVER BEGINS TO DEVELOP A PATTERN OF TRAFFIC VIOLATIONS OR PREVENTABLE ACCIDENTS? IF YES, PLEASE DESCRIBE.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>11. DO YOU HAVE A SCHEDULED MAINTENANCE PROGRAM FOR COMPANY VEHICLES? IF YES, PLEASE DESCRIBE.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>12. DO YOU HAVE A DAILY PRE-TRIP INSPECTION PROCEDURE FOR VEHICLES? IF YES, PLEASE DESCRIBE.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>13. DO YOU HAVE AN ACCIDENT REPORTING KIT IN EVERY COMPANY VEHICLE? IF YES, PLEASE DESCRIBE.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>14. DO YOU ALLOW EMPLOYEES TO TAKE COMPANY VEHICLES HOME?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

IF YES, ARE THE EMPLOYEES PERMITTED TO DRIVE THE VEHICLES DURING NON-WORK HOURS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IS ANYONE OTHER THAN THE EMPLOYEE PERMITTED TO DRIVE THE VEHICLE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, PLEASE PROVIDE THE DRIVER'S NAME, DOB AND LICENSE NUMBER AND MVR IF AVAILABLE.	
Driver Name	DOB License #

### FRAUD WARNING AND SIGNATURE

WARNING -ANY PERSON, WHO WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

THE SIGNATURE OF THE APPLICANT VERIFIED THAT THE INFORMATION CONTAINED ON THIS QUESTIONNAIRE IS CORRECT AND NO MISREPRESENTATIONS HAVE BEEN MADE.

INSURED'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

AGENT/PRODUCER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**INCLUDE THE FOLLOWING:**

1. 5 YEARS CURRENTLY VALUED LOSS RUNS
2. NARRATIVE ON ANY LOSSES IN EXCESS OF \$10,000
3. COMPLETED QUESTIONNAIRE, SIGNED AND DATED
4. COMPLETED ACORD APPLICATIONS, SIGNED
5. CURRENT BALANCE SHEET & MOST RECENT FINANCIAL STATEMENT
6. A LIST OF PROJECTS FOR THE LAST FIVE YEARS
7. COPY OF CONTRACTS USED WITH SUBCONTRACTORS
8. RESUMES AND/OR STATEMENT OF QUALIFICATIONS ON KEY PERSONNEL
9. SIGNED TRIA UPON BINDING
10. IF EMPLOYEE LEASING IS DONE, A COPY OF THE LEASE AGREEMENT WILL BE REQUIRED IF THE GENERAL LIABILITY COVERAGE IS WRITTEN. PLEASE NOTE THAT COVERAGE IS NOT PROVIDED FOR ACTION OVER INDEMNITY LOSSES GENERATED BY LEASED WORKER ACTIVITIES.
11. COPY OF THE SAFETY PROGRAM IF THE CONTRACTOR HAS A SAFETY PROGRAM IN PLACE.