



## CONCRETE PUMPER SUPPLEMENTAL APPLICATION

Name:  Email Address:

Physical Address:

City:  State:  Zip Code:

Lines of Business:  GL  Auto  IM  XS Effective Date:

Is the Applicant currently insured through the submitting agency?  Yes  No

If yes, what lines of business?  GL  Auto  IM  XS

Agency Name:  Agency Representative:

Agent's Phone:  Agent's Email Address:

Complete Description of Operations:

Individual  Partnership  Corporation  Limited Corp.  Joint Venture  Other

Years in Business  Principal Years of Experience

	Name	Operations	Years in Business
Subsidiaries	1. <input type="text"/>	<input type="text"/>	<input type="text"/>
	2. <input type="text"/>	<input type="text"/>	<input type="text"/>
	3. <input type="text"/>	<input type="text"/>	<input type="text"/>

Please list all of the states where applicant has any operations and percentage:

Average Number of Field Operations Employees

Operations:	Projected Annual Field Payroll:	Gross Receipts:
Concrete Construction ISO Code 91560	<input type="text"/>	<input type="text"/>
Number of Pumps <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>



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Describe any work on or adjacent to bodies of water, including dams and bridge work:

**1.) Does Applicant rent/lease equipment from others?**

Yes  No If yes, what type of equipment? \_\_\_\_\_

If yes, what are your average annual costs to rent/lease this equipment from others? \$ \_\_\_\_\_

**2.) Advise the percentage of your applicant's work these customer groups/industries provide to the operations.**

Oil Field/Refineries	%	Bridges	%	Wind Farm	%
Marine	%	Utilities	%	Other	%
Solar Panels	%	Commercial	%		
Industrial Plants	%	Residential	%		

**3.) Please describe the last 3 jobs performed and the largest 2 contracts in place below. Provide a copy of current subcontracts and daily work ticket**

Owner/Contractor	Type of Work Performed in Detail

**4.) Does Applicant engage in any other contracting work?**

Yes  No

If yes, describe operations and provide revenues: \_\_\_\_\_

**5.) Does Applicant use or rent to others any equipment other than pumpers?**

Yes  No

If yes, what kind of equipment? \_\_\_\_\_

**6.) What percent of work is performed as a sub-contractor working for other companies?** %

**7.) What percent of work is performed as direct contract working with other customers?** %



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8.) Does Applicant ever use sub-contractors?

Yes  No

List sub-contracted work and the approximate annual cost associated with each.

Type of Work	Annual Cost of Subcontractor

9.) Does the Applicant perform any maintenance work on the equipment of others?

Yes  No

Describe the type of work performed:	Annual Revenues form service work

10.) Does the Applicant do inspections/certifications on any equipment of others?

Yes  No

11.) Does Applicant require additional insured status from Sub contractors?

Yes  No

12.) Describe security procedures for yard.

[Empty text box for security procedures]

13.) Please describe any OSHA violations that you have received in the past 5 years and any action taken as a result.

[Empty text box for OSHA violations]



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**Employment Training & Procedures for Pumpers**

1.) Is training given on an on-going or annual base? Please describe the training below:

[Empty text box for describing training]

2.) Is this training documented?

Yes  No

3.) Is a written test including hand signals given to all new employees by the Applicant?

Yes  No

**Loss Control and Maintenance Procedures**

1.) Does applicant have a formal loss control or safety program?

Yes  No

2.) Is one employee responsible for safety programs?

Yes  No

If yes, provide their name and title: \_\_\_\_\_

3.) Does applicant have regular safety meetings with employees?

Yes  No

4.) Is there a formal scheduled equipment maintenance program?

Yes  No

5.) Is all Maintenance Documented?

Yes  No

6.) Does Applicant use a written inspection form for Pump & Boom?

Yes  No If yes, please attach a copy of the form.

7.) Does Applicant use a written accident report form?

Yes  No If yes, please attach a copy of the form.

8.) Does applicant order MVRs on all drivers?

Yes  No How often? [Empty text box]



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APPLICANT HISTORICAL RESULTS

**Property/Inland Marine**

Year	#Claims	Paid Losses	Reserve	Total Incurred	Carrier	Date Valued	Actual/Estimated Annual Premium	Total Values

**General Liability**

Year	#Claims	Paid Losses	Reserve	Total Incurred	Carrier	Date Valued	Actual/Estimated Annual Premium	Total Values

**Automobile**

Year	#Claims	Paid Losses	Reserve	Total Incurred	Carrier	Date Valued	Actual/Estimated Annual Premium	Total Values

**Workers Compensation**

Year	#Claims	Paid Losses	Reserve	Total Incurred	Carrier	Date Valued	Actual/Estimated Annual Premium	Total Values

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

## CONCRETE PUMPER SUPPLEMENTAL APPLICATION

### Attention

1. THE APPLICANT WARRANTS THAT THE ABOVE STATEMENTS AND PARTICULARS, TOGETHER WITH ANY ATTACHED OR APPENDED DOCUMENTS OR MATERIALS ("THIS APPLICATION"), ARE TRUE AND COMPLETE AND DO NOT MISREPRESENT, MISSTATE OR OMIT ANY MATERIAL FACTS.
2. THE APPLICANT UNDERSTANDS THAT THE COMPANY RELIED UPON THE INFORMATION CONTAINED WITHIN THIS APPLICATION TO DETERMINE ACCEPTABILITY, RATES AND COVERAGE.
3. THE APPLICANT UNDERSTANDS THAT ANY MISREPRESENTATION OR OMISSION SHALL CONSTITUTE GROUNDS FOR RESCISSION OF COVERAGE AND DENIAL OF CLAIMS, OR, AT THE OPTION OF THE COMPANY, THE ASSESSMENT OF ADDITIONAL PREMIUM CHARGES, THE APPLICANT REPRESENTS AND WARRANTS TO THE COMPANY THAT, IF A POLICY IS ISSUED TO THE APPLICANT, THE APPLICANT WILL COOPERATE WITH THE COMPANY IN CONNECTION WITH ANY INSPECTION, PREMIUM AUDIT AND IN ALL OTHER RESPECTS AS REQUIRED UNDER THE POLICY.
4. THE APPLICANT UNDERSTANDS THE COMPANY IS NOT OBLIGATED NOR UNDER ANY DUTY TO ISSUE A POLICY OF INSURANCE BASED UPON THIS APPLICATION. THE APPLICANT FURTHER UNDERSTANDS THAT, IF A POLICY IS ISSUED, THIS APPLICATION WILL BE INCORPORATED INTO AND FORM A PART OF SUCH POLICY.
5. IF THE APPLICANT BECOMES AWARE THAT ANY RESPONSE ON THIS APPLICATION IS INACCURATE AS A RESULT OF INFORMATION OR CHANGE OF CIRCUMSTANCES BEFORE A POLICY ISSUED BEFORE SUCH NOTIFICATION IS SUBJECT TO IMMEDIATE CANCELLATION.
6. THE APPLICANT AUTHORIZES THE COMPANY TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THE APPLICATION AS IT MAY DEEM NECESSARY.

THE UNDERSIGNED, BEING AUTHORIZED BY AND ACTING ON BEHALF OF THE PROSPECTIVE INSURED, REPRESENTS THAT THE ANSWERS GIVEN ARE TRUE. FAILURE TO PROVIDE TRUTHFUL ANSWERS AND ALL MATERIAL INFORMATION CAN RESULT IN THE COMPANY ELECTING TO CANCEL, REFORM AND/OR RESCIND THE POLICY.

("APPLICANT", "YOU", "YOUR" AND SIMILAR WORDS REFER TO THE PROSPECTIVE INSURED)

THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN POLICIES ISSUED BY THE COMPANY VARY SIGNIFICANTLY FROM THOSE CONTAINED IN MANY OTHER LIABILITY INSURANCE POLICIES. THE POLICY FORM ISSUED BY THE COMPANY PROVIDES COVERAGE THAT MAY BE MORE LIMITED THAN THAT AVAILABLE UNDER THE "ISO" INSURANCE POLICY OR SIMILAR TYPES OF POLICIES. YOU SHOULD CAREFULLY REVIEW THE ENTIRE POLICY WITH YOUR AGENT, LEGAL COUNSEL OR OTHER INSURANCE PROFESSIONAL TO MAKE SURE THAT YOU UNDERSTAND THE COVERAGE IT PROVIDES, AND YOUR RIGHTS AND OBLIGATIONS UNDER THE POLICY.

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

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

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

**Applicant (Insured) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name/Title:** \_\_\_\_\_

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**Submission Requirements**

Inland Marine/General Liability	Commercial Auto	Umbrella/Excess
Acord Sections	Acord Sections	Acord Sections
Five Years of Currently Valued Insurance Company Issued Loss Runs	Five Years of Currently Valued Insurance Company Issued Loss Runs	Five Years of Currently Valued Insurance Company Issued Loss Runs
Equipment Schedule	Vehicle Schedule with Stated Amount Values	Employer's Liability Carrier/Limit
Operator Certifications	Driver Schedule	
Equipment Inspections	Motor Vehicle Reports - All Drivers	
COPE (if real property is submitted)		