



NORMAN·SPENCER

PUMPRO
SUPPLEMENTAL APPLICATION



Named Insured: _____ Agency Name: _____

Years of Business: _____ FEIN: _____ States in which you operate: _____

Website Address: _____

Loss Control Contact: _____

Phone Number: _____ Email Address: _____

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 \$ _____

Indicate what % of your operations are generated from each of the following (must total 100%)

- Concrete Pumping _____ %
- Guniting or shot-crete _____ %
- Manufacturer's Representative for Concrete Pump Sales _____ %
- Equipment Rental w/out Operator _____ %
- Sale of New Parts/Equipment _____ %
- Light Concrete Construction _____ %

Describe: _____

- Repair/Service Work for Others _____ %

Describe: _____

- Purchase of Equipment for resale to others _____ %
- Other _____ %

Indicate what % of your operations are generated from each of the following (must total 100%)

- Urban/Inner City Environments _____ %
- Rural Environments _____ %

Indicate what % of your operations are generated from each of the following (must total 100%)

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

If Residential Operations indicated above, please provide the following (must total 100%)

- Condominiums _____ %
- Residential Housing _____ %
- Tract Housing _____ %
- Apartments _____ %

Are you involved in any of the following operations?

- Ownership, Use or Operation of Cranes..... YES NO
- Inspection or Certification of Equipment for others..... YES NO
- Use of Placing Booms in Construction of 3 Stories or More..... YES NO
- Underground Concrete Pumping..... YES NO
- Work Over Bodies of Water That Require Pumps to be on a Barge..... YES NO

If yes, please explain: _____

What is the normal radius of your operations? _____ miles

Have all employed pump operators completed the Pump Operators Certification Exam within the past two years?..... YES NO

If no, please explain, _____

How often are your pump units inspected by the manufacturer or a factory authorized inspection company?..... YES NO

If they aren't, please explain your procedures: _____

STORAGE OF EQUIPMENT

Describe where your pump units are stored overnight: _____

If they are stored in a building, what is the maximum number of pump units that can be stored in your buildings(s)? _____

If pump units are stored outside, how close are they parked to your building? _____

If they are stored outside, is the area fenced or otherwise protected during non-business hours? _____

Are pump units equipped with anti-theft or asset tracking equipment?..... YES NO
If yes, please explain _____

LEASED EQUIPMENT

Do you lease equipment from others?..... YES NO

If yes, how often do you lease equipment from others? _____

How long do you normally lease equipment? _____

What type of equipment do you lease? _____

SAFETY

Do you have a formal, written safety program in place?..... YES NO

Do you have a dedicated Risk Manager in your organization?..... YES NO

Do you hold regular safety meetings with your operators? YES NO
If yes, how often? _____

Do you have an active drug-testing program?..... YES NO

Have all operators been properly trained in the operation and maintenance of the pump truck?..... YES NO

Have operators been informed they are solely responsible for the safe operation of their machine?..... YES NO

Have operators been trained that concrete pumping equipment must be positioned so a minimum safety distance of 20 ft. from power lines must be maintained in all boom positions needed to pump the job?..... YES NO

Are operators required to wear personal protective clothing when operating the equipment?..... YES NO

Are steady end hoses or anti-hose whipping devices used?..... YES NO

Are job tickets signed for every job?..... YES NO
If no, please explain _____

Include a copy of your job ticket**

Are you a member of ACPA?..... YES NO

If yes, do you use the following ACPA Safety Materials?

- Safety Videos..... YES NO
- Safety Manual..... YES NO
- Co-Worker Safety Manual..... YES NO
- Job Ticket..... YES NO

AUTOMOBILE

Filings

Any statutory filings required?..... YES NO

Motor Carrier Number: _____

Exact Name & Address for Filings: _____

Drivers

Are MVR's obtained before hiring?..... YES NO

Are periodic MVR's obtained on all drivers?..... YES NO
If yes, how often: _____

Are pre-employment physicals required?..... YES NO

Are CDL's required when applicable?..... YES NO

Is alcohol/drug testing required at time of hire?..... YES NO

Are DOT files maintained on all drivers as required?..... YES NO

Is there a operator/driver training program?..... YES NO

Is there a driver selection program in place with set standards?..... YES NO

What are the company's guidelines for an acceptable driver?..... YES NO
Explain: _____

What is the average number of years your employees have been employed by you? _____

What is your employee turnover rate? _____

Total # of drivers: _____ Total # of drivers with your company for less than a year: _____

Are union hall or temporary drivers utilized?..... YES NO

Vehicle Maintenance

Is there a vehicle maintenance program in place?..... YES NO

How often are Brakes, Tires, Steering etc. inspected by a qualified mechanic? _____

Do drivers operate the same vehicles every day?..... YES NO

Vehicles/Vehicle Use

Are any vehicles insured elsewhere?..... YES NO
If yes, please explain: _____

Is there a written company policy on personal use of vehicles?..... YES NO
 If yes, please describe: _____

Do you allow vehicles to be taken home at night?..... YES NO

Are any employees, officers, owners, etc. assigned a permanent vehicle for their own use?..... YES NO
 If yes, please explain: _____

Are non-employees (spouse, children, friends, etc.) permitted to drive insured vehicles?..... YES NO
 If yes, please explain: _____

Year	# of Private Passenger	# of Light Trucks (0-10,000)	# of Medium Trucks (10,001-20,000)	# of Heavy Trucks (20,001-45,000)	# of Extra Heavy Trucks (Over 45,000) ALL Mixers, Dumps, Pump Trucks	# of Extra Heavy Truck-Tractors (Over 45,000)	# of Trailers
1st Prior Year							
2nd Prior Year							
3rd Prior Year							
4th Prior Year							
5th Prior Year							

*Vehicle weight in pounds-G.V.W

Safety Management

Is a formal accident investigation/review procedure in place?..... YES NO

If yes, please describe: _____

Is there a progressive discipline policy for drivers involved in multiple accidents/violations, etc.?..... YES NO

Do you have any restrictions on the use of cell phones while driving company vehicles?..... YES NO

If yes, please describe: _____

Do you use telematics (i.e. GPS, DriveCam) in your trucks?..... YES NO

If yes, what type of telematics are used? _____
What data is being collected? _____
Who is monitoring it? _____
What is being done with the data? _____

Signature: _____

Owner

Date: _____

Email Address: _____