



NORMAN·SPENCER

READYMIXPRO  
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 \$ \_\_\_\_\_

1<sup>st</sup> Prior Year Gross Receipts \$ \_\_\_\_\_

2<sup>nd</sup> Prior Year Gross Receipts \$ \_\_\_\_\_

3<sup>rd</sup> Prior Year Gross Receipts \$ \_\_\_\_\_

4<sup>th</sup> Prior Year Gross Receipts \$ \_\_\_\_\_

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

• Ready Mix Concrete \_\_\_\_\_ %

• Volumetric Mixers \_\_\_\_\_ %

• Sand & Gravel Hauling \_\_\_\_\_ %

• Concrete Pumping \_\_\_\_\_ %

• Grading of Land \_\_\_\_\_ %

• Light Concrete Construction \_\_\_\_\_ %

Describe: \_\_\_\_\_

• Sales of Building Materials \_\_\_\_\_ %

Describe: \_\_\_\_\_

• 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
- Hauling of Construction Debris..... YES  NO
- Hauling of Hazardous Materials..... YES  NO
- Laying of Concrete, Including Rebaring, Forms Setup & Underpinning..... YES  NO

**PROPERTY**

Is all electrical equipment and wiring scheduled for periodic inspections by a qualified, licensed electrician?..... YES  NO

Are conveyor systems properly lubricated, maintained and in good condition?..... YES  NO

Is smoking permitted?..... YES  NO

Housekeeping?

- Above Average
- Average
- Below Average

Comments: \_\_\_\_\_

Distance to nearest fire department: \_\_\_\_\_ miles

Average response time: \_\_\_\_\_ minutes

What are the ages, types and conditions of the computers, including computerized control consoles in the batch plant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GENERAL LIABILITY**

- Are there any public exposures?..... YES  NO
- Are visitors allowed on the premises?..... YES  NO
- Are the premises surrounded by perimeter fencing and lockable gates?..... YES  NO
- Are no trespassing signs posted?..... YES  NO
- Is a security service used or are the premises patrolled during off hours?..... YES  NO

What is the experience of the batch plant operator? \_\_\_\_\_

Is there a quarry exposure?..... YES  NO

Is there a pit or water exposure on the premises?..... YES  NO   
If yes, please explain: \_\_\_\_\_

Are there any worked out or abandoned pit exposures?..... YES  NO

Are any explosives used?..... YES  NO   
If yes, who is responsible for blasting operations: \_\_\_\_\_

Describe the quality control program in place: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 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: \_\_\_\_\_

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

Are all drivers of heavy vehicles at least 25 years of age?..... YES  NO

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

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

What is your employee turnover rate? \_\_\_\_\_

How are the drivers paid? Per Load  Per Hour  Per Mile  Other (describe) \_\_\_\_\_

**Vehicle Maintenance**

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

Are there daily inspections?..... YES  NO   
If yes, how are they documented: \_\_\_\_\_

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

Are tires, brakes & steering inspected by a qualified mechanic?..... YES  NO   
If yes, how often: \_\_\_\_\_

**Vehicles/Vehicle Use**

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

What is the normal radius of operations? \_\_\_\_\_ miles

Are all units less than 12 years old?..... YES  NO   
If not, include inspection report for those units.

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: \_\_\_\_\_

- Are any vehicles used to transport the following?
- Hazardous, flammable, explosive commodities..... YES  NO
  - Individuals other than employees..... YES  NO
  - Oversized, overweight, or wide loads..... YES  NO
  - Non-Owned trailers..... YES  NO
  - Garbage, Refuse, Scrap, or Junk..... YES  NO

\*Describe any "Yes" Response: \_\_\_\_\_

**Vehicle Storage**

Describe where your vehicles are stored overnight: \_\_\_\_\_

If they are stored in a building, what is the maximum number of vehicles that can be stored in your building(s)? \_\_\_\_\_

If vehicles 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 vehicles equipped with anti-theft or asset tracking equipment? 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**

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

If no formal fleet safety program, describe any informal safety procedures or activities that are a regular part of you business operations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are safety meetings held on a regular basis?..... YES  NO   
 If yes, how often: \_\_\_\_\_

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

Are all heavy trucks equipped with backup alarms?..... YES  NO

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: \_\_\_\_\_