



NORMAN·SPENCER  
Insurance Through Innovation™

# READYMIXPRO SUPPLEMENTAL APPLICATION

Named Insured: \_\_\_\_\_

1. Years in business: \_\_\_\_\_ 2. FEIN: \_\_\_\_\_

3. States in which you operate: \_\_\_\_\_

4. Loss Control Contact: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

5. 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 \$ \_\_\_\_\_

6. Indicate what % of your operations are generated from each of the following:

- Ready Mix Concrete \_\_\_\_\_ %
- Volumetric Mixers \_\_\_\_\_ %
- Sand & Gravel Hauling \_\_\_\_\_ %
- Concrete Pumping \_\_\_\_\_ %
- Grading of Land \_\_\_\_\_ %
- Light Concrete Construction \_\_\_\_\_ %  
Describe: \_\_\_\_\_
- Sales of Building Materials \_\_\_\_\_ %  
Describe: \_\_\_\_\_
- Other \_\_\_\_\_ %  
Describe: \_\_\_\_\_

7. 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

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**READYMIXPRO - SUPPLEMENTAL APPLICATION (continued)**

**PROPERTY**

8. Is all electrical equipment and wiring scheduled for periodic inspections by a qualified, licensed electrician? Yes  No
9. Are conveyor systems properly lubricated and maintained and in good condition? Yes  No
10. Is smoking permitted? Yes  No
11. Housekeeping?      Above average        
                                 Average                        
                                 Below average

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

12. Distance to nearest fire department: \_\_\_\_\_ Miles

13. Average response time: \_\_\_\_\_ Minutes

14. What are the ages, types and condition of the computers, including computerized control consoles in the batch plant?

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

**READYMIXPRO - SUPPLEMENTAL APPLICATION (continued)**

**GENERAL LIABILITY**

15. Are there any public exposures? Yes  No

16. Are visitors allowed on the premises? Yes  No

17. Are the premises surrounded by perimeter fencing and lockable gates? Yes  No

18. Are no trespassing signs posted? Yes  No

19. Is a security service used or are the premises patrolled during off hours? Yes  No

20. What is the experience of the batch plant operator?

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

21. Is there a quarry exposure? Yes  No

22. Is there a pit or water exposure on the premises? Yes  No   
*If yes, please explain:* \_\_\_\_\_  
\_\_\_\_\_

23. Are there any worked out or abandoned pit exposures? Yes  No

24. Are any explosives used? Yes  No   
*If yes, who is responsible for blasting operations:* \_\_\_\_\_  
\_\_\_\_\_

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

**READYMIXPRO - SUPPLEMENTAL APPLICATION (continued)**

**AUTOMOBILE**

**Filings**

26. Any statutory filings required? Yes  No
27. Motor Carrier Number: \_\_\_\_\_
28. Exact Name & Address for Filings: \_\_\_\_\_  
\_\_\_\_\_

**Drivers**

29. Are MVR's obtained before hiring? Yes  No
30. Are periodic MVR's obtained on all drivers? Yes  No   
*If yes, how often:* \_\_\_\_\_
31. Are pre-employment physicals required? Yes  No
32. Are CDL's required when applicable? Yes  No
33. Alcohol / Drug testing required at time of hire? Yes  No
34. Are DOT files maintained on all drivers as required? Yes  No
35. Is there a driver training program? Yes  No
36. Is there a driver selection program in place with set standards? Yes  No
37. What are the company's guidelines for an acceptable driver?  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
38. Total number of drivers: \_\_\_\_\_
39. Total number of drivers with your company for less than one year? \_\_\_\_\_
40. Are all drivers of heavy vehicles at least 25 years of age? Yes  No
41. Are union hall or temporary drivers used during peak time? Yes  No
42. What is the average number of years your employees have been employed by you? \_\_\_\_
43. What is your employee turnover rate? \_\_\_\_\_

**READYMIXPRO - SUPPLEMENTAL APPLICATION (continued)**

**Vehicle Maintenance**

44. Is there a vehicle maintenance program in place? Yes  No

45. Are there daily inspections? Yes  No   
*If yes, how are they documented:* \_\_\_\_\_

46. Do drivers operate the same vehicles every day? Yes  No

47. Are tires, brakes & steering inspected by a qualified mechanic? Yes  No   
*If yes, how often:* \_\_\_\_\_

**Vehicles / Vehicle Use**

48. Are any vehicles insured elsewhere? Yes  No   
*If yes, please explain:* \_\_\_\_\_

49. Are all units less than 12 years old? Yes  No   
If not, include inspection report for those units.

50. Is there a written company policy on personal use of vehicles? Yes  No   
*If yes, please describe:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

51. Do you allow vehicles to be taken home at night? Yes  No

52. Are any employees, officers, owners, etc. assigned a permanent vehicle for their own use? Yes  No   
*If yes, please explain:* \_\_\_\_\_  
\_\_\_\_\_

53. Are non-employees (spouse, children, friends, etc.) permitted to drive the insured vehicles? Yes  No   
*If yes, please explain:* \_\_\_\_\_  
\_\_\_\_\_

54. Are any vehicles used to transport the following?

a. Hazardous, flammable, explosive commodities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Individuals other than employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Oversized, overweight, or wide loads?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Non-owned trailers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Garbage, refuse, scrap, or junk?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Describe any "Yes" response: \_\_\_\_\_  
\_\_\_\_\_

**READYMIXPRO - SUPPLEMENTAL APPLICATION (continued)**

**Safety Management**

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

*If yes, include a copy of table of contents.*

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

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

*If yes, how often:* \_\_\_\_\_

58. Do you have a dedicated Risk Manager in your organization? Yes  No

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

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

*If yes, please describe:* \_\_\_\_\_

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

62. Do you have any restrictions on the use of cell phones while driving company vehicles? Yes  No

*If yes, please describe:* \_\_\_\_\_  
\_\_\_\_\_

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

Owner

**Email Address:** \_\_\_\_\_