



Total years of manager's traffic control experience:

Years

If applicable, describe manager's prior traffic control experience:

6. Has the applicant/owner operated under any other name within the last 10 years or does the applicant/owner currently own any other entities and/or operate any other businesses? If yes, please answer: Yes    No

A. Provide name and description of operations:

B. Is the entity/business still active? Yes    No

C. If still active, is there separate General Liability Insurance in place for their operations? Yes    No

7. Description of your operations and services:

8. Describe the owner's duties or involvement in your daily operations:

9. Describe the manager's duties or involvement in your daily operations:

10. Provide your total annual gross sales for the last 3 years:

Expiring Year \$	1 <sup>st</sup> Prior Year \$	2 <sup>nd</sup> Prior Year \$
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11. Provide your total estimated annual gross sales for the current year for ALL operations: \$

12. Provide your total estimated annual gross payroll for the current year for ALL operations: \$

13. Provide your estimated percentage breakdown for the current year for EACH applicable operation listed below:

- Sales (without fabrication) of traffic control equipment and/or supplies %
- Fabrication and distribution of traffic control equipment and/or supplies %
- Rental, set-up and/or repair of traffic control devices, signage and/or signals % \*Please also complete #14 below
- Rental, without set-up of traffic control devices, signage and/or signals Street and road striping and/or pavement marking application and/or removal % \*Please also complete #15 below
- Flagging %
- Other (Please describe below) %

14. Provide a percentage breakdown of your rental, set-up and/or repair operations based on your total annual gross sales (must equal 100%):

Private Roads	%	Local Roads	%	County Roads	%	Highways	%
Airports or Piers	%	Other	%	Describe:			

15. Provide a percentage breakdown of your street/road striping and/or pavement marking application/removal operations, based on your total annual gross sales (must equal 100%):

Private Roads	%	Local Roads	%	County Roads	%	Highways	%
Airports or Piers	%	Other	%	Describe:			

16. If you fabricate any products, provide a listing of these products:

- |   |     |    |
|---|-----|----|
| 17. Do your operations include any designing or planning <u>other than for your own work</u> ?  | Yes | No |
| 18. Do you provide any security guard services?   | Yes | No |
| If yes, are these services limited to lane closures?  | Yes | No |
| If not limited to lane closures, describe what type of security guard services you provide:   |     |    |
| 19. Do you have any clearance, screening or gatekeeper operations for any secured Government facilities?  | Yes | No |
| 20. Do your operations include the placement, fabrication and/or installation of shoring equipment?   | Yes | No |
| 21. What percentage of your total annual gross sales is associated with the set-up of permanent traffic control devices, signage and/or signals?  |     | %  |
| 22. What percentage of your total annual gross sales is associated with the installation of trench plates and/or K-rails?   |     | %  |
| 23. Do you rent traffic control equipment <u>from</u> any other traffic control companies?  | Yes | No |
| If yes, please answer:  |     |    |
| A. What percentage of your total sales is generated by equipment rented from other traffic control companies?   |     | %  |
| B. What type of equipment is rented from other traffic control companies?   |     |    |
| C. Do you re-rent this equipment to contractors without set-up?   | Yes | No |
| 24. Do you rent traffic control equipment <u>to</u> any other traffic control companies?  | Yes | No |
| If yes, please answer:  |     |    |
| A. What percentage of your total sales is generated by equipment rented to other traffic control companies?   |     | %  |
| B. Do your rental contracts include indemnification language in your favor?   | Yes | No |
| 25. When barricade placement exceeds ½ mile, do you monitor placement twice daily by visual inspection or by electronic monitoring?   | Yes | No |
| 26. Are the barricade and signage materials you use in compliance with Local, State and/or Federal Codes?   | Yes | No |
| 27. Do you hire subcontractors?   | Yes | No |
| If yes, please answer:  |     |    |
| A. What percentage of your total operations is subcontracted to others?   |     | %  |
| B. What are your annual subcontractor costs?  | \$  |    |
| C. What type of work is subcontracted to others?  |     |    |
| D. Do you obtain a Certificate of Insurance from each subcontractor evidencing General Liability and Workers Compensation Limits equal to, or greater than, your own General Liability and Workers Compensation Limits? | Yes | No |

E. Do you require all subcontractors to add you to their General Liability policy as an Additional Insured?	Yes	No
F. Do you require all subcontractors to contractually hold you harmless?	Yes	No
G. Are all Certificates of Insurance kept on file for a minimum of 5 years?	Yes	No
H. Do you obtain proof from each subcontractor that all applicable licenses are up to date?	Yes	No

## RISK MANAGEMENT

28. Total # of employees:	Total # full-time employees:	Total # part-time employees:		
29. Annual employee turnover percentage:				%
30. Do you have a pre-employment screening process for all new employees?			Yes	No
If yes, please describe:				
31. Do you have a training program for all new employees?			Yes	No
32. Do you and/or your foreman agree to attend at least one American Traffic Safety Association seminar or similar OSHA training program, each year?			Yes	No
33. Are all employees subject to random drug testing?			Yes	No
34. Do you have a safety program in place?			Yes	No
If yes, does this program follow American Traffic Safety Services Association or DOT standards?				
35. Do you have an equipment maintenance and replacement program in place?			Yes	No
If yes, please describe:				
36. Do you conduct regular safety meetings (e.g. tool-box meetings)			Yes	No
If yes, please answer:				
A. How often do these meetings take place?				
B. Does your safety meeting documentation process comply with OSHA standards?				
C. How many years do you retain job files?				
D. Do you utilize an Incident and/or accident reporting form?				
If yes, do you maintain these forms for a minimum of 5 years?				
37. Are you an active member of a State and/or National Trade Association?			Yes	No
If yes, please list:				

## PRIOR GENERAL LIABILITY INSURANCE

38. In the past five years, have you voluntarily or involuntarily recalled, or are you considering recalling, any known or suspected defective products from the market?	Yes	No
39. In the past five years has your General Liability Insurance been declined, cancelled or non-renewed?	Yes	No
If yes, please explain why:		

## LOSS HISTORY AND KNOWN EVENTS

40. Whether or not covered by insurance, has any claim been made or suit been brought against you in the past five years? If yes, please attach an explanation. Yes No
41. Are you aware of any investigation, incident condition, circumstance, defect or suspected defect in any product, service or work, which may result in a claim against you that is not disclosed above? If yes, please attach an explanation. Yes No
42. In the past five years, have you been cited by OSHA for violations? If yes, please explain why: Yes No

## CURRENT AND DESIRED COVERAGE

Current Carrier:

Limits:

Deductible/SIR:

Rate:

Premium:

Coverage Form: Occurrence Claims-Made Retro Date:

Desired Limits:

Desired Deductible/SIR:

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an Application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application. Any person who knowingly and with intent to defraud any insurance company or other person, files an Application for insurance, or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in responseto it.

Electronic signature of Applicant or Authorized Representative:

Title:

Current Date:

*If you prefer not to return application with an electronic signature, please print and sign.*