

<b>Applicant's Representative</b> _____	<input type="checkbox"/> New
<b>Address</b> _____	<input type="checkbox"/> Renewal of policy number:
<b>Effective date</b> _____	_____

1) Name of applicant: \_\_\_\_\_

2) Website address: \_\_\_\_\_

3) Description of operations: \_\_\_\_\_

4) How long has the applicant been in business? \_\_\_\_\_

5) Is applicant in compliance with all OSHA standards? yes no

If "no," explain: \_\_\_\_\_

6) Any OSHA violations or fines in the last 6 years? yes no

If "yes" explain: \_\_\_\_\_

7) Does applicant have a full time safety professional on staff? yes no

If yes, please provide name and phone number: \_\_\_\_\_

**8) Exposures:**

- a. Underground mining or sub aqueous operations? yes no
- b. Use of cranes? yes no
- c. Any demolition or wrecking work? yes no
- d. Do any operations involve blasting or use of explosives? yes no
- e. Any operations involving exposure to heights above 15 feet? yes no
- f. Are subcontractors allowed to start work without providing certificates of insurance? yes no
- g. Natural gas work? yes no
- h. Asbestos or lead exposure? yes no

Explain any "Yes" response and describe written and enforced loss control procedures: \_\_\_\_\_

**9) Describe written and enforced loss control procedures for the following:**

- a. Drug testing \_\_\_\_\_
- b. Use of cranes and heavy equipment, if applicable \_\_\_\_\_
- c. Confined space, if applicable \_\_\_\_\_
- d. Return to work \_\_\_\_\_
- e. Soft tissue – material handling \_\_\_\_\_
- f. Fall protection \_\_\_\_\_

10) Have there been any significant changes in exposure over the last 5 years? yes no

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

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11) Has applicant, or does applicant, intend to enter into a written contract with another party that requires them to waive their rights of subrogation? yes no

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

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12) Please provide a work completed/work in progress schedule or list last 10 jobs completed:

Job Name, City and State	Description of Work	Duration of Job	Receipts
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10			

**13) Vehicle information**

Provide the number of owned or leased vehicles for the following and indicate the average number of employees occupying each vehicle.

TYPE OF VEHICLE		NUMBER OF UNITS	AVERAGE NUMBER OF EMPLOYEES	TYPE OF VEHICLE		NUMBER OF UNITS	AVERAGE NUMBER OF EMPLOYEES
1.	Passenger cars			7.	Motorcycles		
2.	Vans			8.	Buses		
3.	Light & Medium trucks			9.	*Other		
4.	Heavy & X-Heavy trucks						
5.	Truck tractors						
6.	Trailers						

*\*Golf Carts, ATV's, Trams, etc.*

**14) Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This is NOT a binder of coverage. The questionnaire must be signed by the applicant or the applicant's representative. The applicant represents that all statements made in this questionnaire are complete and true and that all material facts have been fully disclosed.

**Name of Applicant and subsidiaries** \_\_\_\_\_

**Applicant's Representative** \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Title** \_\_\_\_\_