



TRAFFIC CONTROL SUPPLEMENTAL (Complete in addition to ACORD Application)

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

1. Website: _____

2. Do you conduct business under any other Names? Yes No If Yes, complete the following:

Name	Percent Owned	Operations	Receipts %

3. Do you have any other locations? Yes No If yes, list location addresses: _____

4.

Business Owner(s)	Percentage(s) of Ownership
	%
	%

5. Number of years in business under the above name: _____

6.

Experience detail:	Total # of Years	Describe Prior Experience
Owner		
Manager		

7. Has the Applicant/Owner operated under any other name within the last ten (10) years or does the Applicant/Owner currently own any other entities and/or operate any other businesses? Yes No If Yes:

a. Name: _____

b. Describe operations: _____

c. Is the entity/business still active? Yes No
 If Yes, is there separate General Liability insurance in place for their operations? Yes No

8. Total # of Employees: _____ Total # of F/T Employees: _____ Total # of P/T Employees: _____

SUBCONTRACTORS

Do you use Subcontractors? Yes No If Yes:

1. Percentage of your total operations subcontracted to others: _____ %

2. Annual subcontracted costs: \$ _____

3. Type of work subcontracted to others: _____

4. Do you obtain Certificates 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

5. Do you require all subcontractors to add you onto their General Liability policy as an Additional Insured? Yes No

6. Do you require all subcontractors to contractually hold you harmless? Yes No

7. Are all Certificates of Insurance kept on file for a minimum of 5 years? Yes No

8. Do you obtain proof, from each subcontractor, that all applicable licenses are up-to-date? Yes No

DESCRIPTION OF OPERATIONS

1. Describe the Owner's duties or involvement in the daily operations:

2. Describe the Manager's duties or involvement in the daily operations:

3. **Total Annual Gross Sales** for the last 3 years:

Expiring Year: \$	1 st Prior Year: \$	2 nd Prior Year: \$
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4. Total Estimated Annual Gross **Sales** for the current year for **ALL** Operations: \$

5. Total Estimated Annual Gross **Payroll** for the current year for **ALL** Operations: \$

6. Estimated **Percentage Breakdown** for the current year for **EACH** applicable Operation listed below:
- a. Sales (without Fabrication) of Traffic Control Equipment and/or Supplies _____ %
 - b. Rental, Set-up and/or Repair of Traffic Control Devices, Signage and/or Signals _____ % **Complete #7 below.**
 - c. Rental, without Set-Up of Traffic Control Devices, Signage and/or Signals _____ %
 - d. Street and Road Striping and/or Pavement Marking Application and/or Removal _____ % **Complete #8 below.**
 - e. Flagging _____ %
 - f. Fabrication and Distribution of Traffic Control Equipment and/or Supplies _____ %
 - g. Other (describe): _____ %

7. **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	%
Airports or Piers:	%	Highways:	%	Other:	%

Describe Other:

8. **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	%
Airports or Piers:	%	Highways:	%	Other:	%

Describe Other:

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

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 10. Do your operations include any Designing or Planning – other than your own work? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you provide any Security Guard services? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, are these services limited to lane closures? | <input type="checkbox"/> | <input type="checkbox"/> |
| If No, describe type of Security Guard services you provide: | | |

12. Do you provide any clearance, screening or gatekeeping operations for any secured government facilities? Yes No

13. Do your operations include the Placement, Fabrication and/or Installation of Shoring Equipment? Yes No

14. Percentage of your Total Annual Gross Sales associated with the Set-Up of Permanent Traffic Control Devices, Signage and/or Signals: _____ %

15. Percentage of your Total Annual Gross Sales associated with the Installation of Trench Plates and/or K-rails: _____ %

- | | Yes | No |
|---|--------------------------|--------------------------|
| 16. Do you rent Traffic Control Equipment from any other Traffic Control Companies? If Yes: | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Percentage of equipment rented from other Traffic Control Companies: _____ % | | |
| b. Type of equipment rented from other Traffic Control Companies: _____ | | |
| c. Do you re-rent this equipment to Contractors without Set-Up? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Do you rent Traffic Control Equipment to any other Traffic Control Companies? If Yes: | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Percentage of this equipment rented to other Traffic Control Companies: _____ % | | |
| b. Do your rental contracts include indemnification language in your favor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. When barricade placement exceeds ½ mile, do you monitor placement twice daily by visual inspection or by electronic monitoring? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Are the barricade and signage materials you use in compliance with Local, State and/or Federal Codes? | <input type="checkbox"/> | <input type="checkbox"/> |

RISK MANAGEMENT

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do you have a pre-employment screening process for new employees?
If Yes, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a training program for all new employees?
If Yes, does this program follow American Traffic Safety Services Association standards? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you and or your foremen agree to attend at least one American Traffic Safety Services Association seminar, or similar OSHA Training Program, each year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are all employees subject to random drug testing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have a safety program in place?
If Yes, does this program follow American Traffic Safety Services Association, or DOT standards? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have an Equipment Maintenance and Replacement Program in place?
If Yes, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you conduct regular safety meetings (e.g. Tool-box meetings)? If Yes:
a. How often do these meetings take place? _____
b. Does your safety meeting documentation process comply with OSHA standards? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Number of years Job Files are retained: _____ | | |
| 9. Do you utilize any Incident and/or Accident Reporting Form?
If Yes, do you maintain these forms for a minimum of five (5) years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you an active member of any State and/or National Trade Association?
If Yes, list: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

PRIOR GENERAL LIABILITY INSURANCE

1. Provide Insurance Company Names and your Payroll, Limits, Deductibles and Premiums for the last 5 years:
- | Year | General Liability Insurance Company Name | Total Annual Payroll | General Liability Limits | General Liability Deductible | General Liability Premium |
|------|--|----------------------|--------------------------|------------------------------|---------------------------|
| | | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ |
2. In the last 5 years, has your General Liability insurance been Declined, Cancelled or Non-renewed?
 Yes No
 If Yes, explain: _____

GENERAL LIABILITY CLAIMS HISTORY

Provide details of the last 5 years – if none, state “none”.

Date of Loss	Description of Loss	Open/Closed?	Total Incurred
			\$
			\$
			\$
			\$
			\$

FRAUD STATEMENTS

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

LOUISIANA and MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

IMPORTANT NOTICE**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		
