



TRAFFIC CONTROL SERVICES APPLICATION

(Please also attach ACORD Application)

Applicant Name:

Agent's Name:

Mailing Address:

Mailing Address:

Location Address:

Proposed Effective Date:

From: 12:01 A.M. Standard Time at
the address of the Applicant
To:

Website:

SECTION I – OPERATIONS

- | | | | | | | | | | | |
|--|---------------|------------------|-----|--|-------------|-------------|------------------|--|--|--|
| <p>1) Do you conduct business under any other name(s)?
If yes, list name(s):</p> | Yes | No | | | | | | | | |
| <p>2) Do you have any other location(s)?
If yes, list location address(es):</p> | Yes | No | | | | | | | | |
| <p>3) Business Owner name(s):</p> <p style="padding-left: 20px;">Percentage of ownership: _____ %</p> | | | | | | | | | | |
| <p>4) Business Type:</p> <table border="0" style="width: 100%; margin-left: 20px;"> <tr> <td style="width: 25%;">Individual</td> <td style="width: 25%;">Joint Venture</td> <td style="width: 25%;">LLC</td> <td style="width: 25%;"></td> </tr> <tr> <td>Corporation</td> <td>Partnership</td> <td>Other – Specify:</td> <td></td> </tr> </table> | Individual | Joint Venture | LLC | | Corporation | Partnership | Other – Specify: | | | |
| Individual | Joint Venture | LLC | | | | | | | | |
| Corporation | Partnership | Other – Specify: | | | | | | | | |
| <p>5) Bankruptcy – Within the last 5 years, were there any pending or planned bankruptcies, or judgements for unpaid taxes against you, or your majority partner?</p> | Yes | No | | | | | | | | |
| <p>6) Number of years in business under the current name:</p> <p style="padding-left: 20px;">Total years of owner's traffic control experience: _____</p> <p style="padding-left: 20px;">If applicable, describe owner's prior traffic control experience:</p>
<p style="padding-left: 20px;">Total years of manager's traffic control experience: _____</p> <p style="padding-left: 20px;">If applicable, describe manager's prior traffic control experience:</p> | | Years | | | | | | | | |

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	%
Airport roads	%		
Other (Describe):			%

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

17) Do your operations include any designing or planning other than for your own work? Yes No

18) Do you provide any security 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 **from** 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. 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 **to** 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? If Yes, please answer:	Yes	No
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

SECTION II – 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? If Yes, please describe:	Yes	No
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? If Yes, does this program follow American Traffic Safety Services Association or DOT standards?	Yes	No
35) Do you have an equipment maintenance and replacement program in place? If Yes, please describe:	Yes	No
36) Do you conduct regular safety meetings (e.g. tool-box meetings)? If Yes, please answer:	Yes	No
A. How often do these meetings take place?		
B. Does your safety meeting documentation process comply with OSHA standards?	Yes	No
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?	Yes	No

37) Are you an active member of a State and/or National Trade Association? Yes No
If Yes, please list:

SECTION III – 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:

SECTION IV – 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? Yes No
If Yes, please attach an explanation.

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? Yes No
If Yes, please attach an explanation.

42) In the past five years, have you been cited by OSHA for violations? Yes No
If Yes, please explain why:

SECTION V – CURRENT AND DESIRED COVERAGE

Current Carrier:

Limits:

Deductible/SIR:

Rate:

Premium:

Coverage Form: Occurrence Claims Made

Retroactive Date:

Desired Limits:

Desired Deductible/SIR:

Fraud Notices

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: 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)*. * Applies in FL only.

Applicable in KS: Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA, and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in all other States: 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.

Other State Notices

Applicable in RI: THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

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 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 response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

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