



FOCUSED • RESPONSIVE • EXPERIENCED

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CONCRETE PUMPING UNDERWRITING APPLICATION

I. BACKGROUND INFORMATION:

Named Insured(s) (Please list all applicable named insureds to be covered to include buildings owned by principals, partnerships, etc. if insurance required)

Blank lines for entering named insured information.

Contact Name Title

Phone Number ( ) Fax Number ( )

Mailing Address

Physical Locations (Please list all applicable locations including storage yards and vacant land)

1) Zip County

2) Zip County

3) Zip County

Policy Period: From: To:

Current Carrier/Agent: Length of Relationship:

Description of Operation(s) by Named Insured Above:

Business Inception Date: Federal Tax ID Number:

Corporation ( ) Partnership ( ) Proprietorship ( ) Other

Any Other Businesses we are not insuring? Yes No

Name: Type of Operation:

If Yes, is this business covered separately for General Liability and all other insurance coverages?

Yes No

Have any insurance coverages lines ever been canceled? Yes No

If yes, explain

II. GENERAL UNDERWRITING INFORMATION: (Please forward a copy of written safety statement outlining corporate safety policy)

1. What is your geographic area of operation? \_\_\_\_\_
2. Please provide estimated breakdown of gross receipts and payroll for the following categories:

	PAYROLL	RECEIPTS
A. Pumper Truck Rental With Operator	\$	\$
B. Pumper Truck Rental Without Operator	\$	\$
C. Concrete Mixer Truck Rental With Operator or Without Operator	\$	\$
D. Equipment Rental without operator	\$	\$
E. Concrete/Cement Contracting Work	\$	\$
F. Guniting or shot-crete	\$	\$
G. Sales of New Parts or Equipment	\$	\$
H. Resale of Used Equipment	\$	\$
I. Repair	\$	\$
J. Equipment Re rented from others	\$	\$
K. Miscellaneous (describe): _____	\$	\$
<b>TOTAL</b>	\$	\$

3. Describe type of work performed and any specific areas of concentration such as (Residential, Bridges, Industrial Plants, Oil and Commercial Construction):

\_\_\_\_\_

\_\_\_\_\_

4. Operators and Oilers are: Union (  ) Non-Union (  )  
 Number of Operators \_\_\_\_\_ Oilers \_\_\_\_\_ All other employees \_\_\_\_\_

5. Pumper Truck Loss Control and Maintenance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Do you require any Federal, State, or Local filings? (MCS-90, Form E, BMC 91X, Motor Carrier filings)  
 Yes  No  If yes, provide your MCC # \_\_\_\_\_ DOT # \_\_\_\_\_

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DO YOU HAVE:

- |   | YES                          | NO                           |
|---|------------------------------|------------------------------|
| A) A formal loss control or safety program:   | ( <input type="checkbox"/> ) | ( <input type="checkbox"/> ) |
| B) One employee responsible for safety programs?<br>If yes, name _____<br>How many years of experience in safety? _____ | ( <input type="checkbox"/> ) | ( <input type="checkbox"/> ) |
| C) Regular safety meetings with employees?  | ( <input type="checkbox"/> ) | ( <input type="checkbox"/> ) |
| D) Screening or reference process for new operators?  | ( <input type="checkbox"/> ) | ( <input type="checkbox"/> ) |
| E) A minimum age for operators? What? _____   | ( <input type="checkbox"/> ) | ( <input type="checkbox"/> ) |
| F) A scheduled maintenance program?<br>Please describe _____  | ( <input type="checkbox"/> ) | ( <input type="checkbox"/> ) |
| G) A written form for pumper truck inspections used?<br>Attach copy of most recent inspection(s).                       | ( <input type="checkbox"/> ) | ( <input type="checkbox"/> ) |
| H) A specific accident report form?<br>Attach copy of form used.  | ( <input type="checkbox"/> ) | ( <input type="checkbox"/> ) |
| I) Pumper Trucks certified?<br>If so, how often and by whom?<br>_____   | ( <input type="checkbox"/> ) | ( <input type="checkbox"/> ) |

*Please attach all certifications.*

- |   |                              |                              |
|---|------------------------------|------------------------------|
| J) Are Certificates of Insurance required from lessees on bare rentals? | ( <input type="checkbox"/> ) | ( <input type="checkbox"/> ) |
| K) Yourself as Additional Insured by Lessees on bare rentals?           | ( <input type="checkbox"/> ) | ( <input type="checkbox"/> ) |
| L) MVR's on all drivers? Employees? _____                               | ( <input type="checkbox"/> ) | ( <input type="checkbox"/> ) |
| M) Is there a screening or reference process for new employees?         | ( <input type="checkbox"/> ) | ( <input type="checkbox"/> ) |
| N) Do you run motor vehicle reports on drivers annually?                | ( <input type="checkbox"/> ) | ( <input type="checkbox"/> ) |
| O) Do you have an active drug-testing program?                          | ( <input type="checkbox"/> ) | ( <input type="checkbox"/> ) |
| P) Are operators certified and if so by whom?                           | ( <input type="checkbox"/> ) | ( <input type="checkbox"/> ) |

*Please attach all certifications*

- |  |                              |                              |
|--|------------------------------|------------------------------|
| Q) Do you own or use cranes?   | ( <input type="checkbox"/> ) | ( <input type="checkbox"/> ) |
| R) Do you certify equipment for others?  | ( <input type="checkbox"/> ) | ( <input type="checkbox"/> ) |
| S) Do you perform any underground concrete pumping?  | ( <input type="checkbox"/> ) | ( <input type="checkbox"/> ) |
| T) Do you perform work or move equipment on a barge?   | ( <input type="checkbox"/> ) | ( <input type="checkbox"/> ) |
| U) Do all of your pumps have anti-theft or asset tracking devices? If not, what percentage does? _____ | ( <input type="checkbox"/> ) | ( <input type="checkbox"/> ) |
| V) Are steady end hoses or anti-hose whipping devices used?  | ( <input type="checkbox"/> ) | ( <input type="checkbox"/> ) |
| W) Are job tickets signed for every job?<br>If no, please explain _____                                | ( <input type="checkbox"/> ) | ( <input type="checkbox"/> ) |
| X) Are you a member of the ACPA?   | ( <input type="checkbox"/> ) | ( <input type="checkbox"/> ) |

C) Please describe any "guniting" or "shotcrete" operations.

\_\_\_\_\_

\_\_\_\_\_

D) Please describe any sales of concrete.

\_\_\_\_\_

\_\_\_\_\_

8. Please list your General Liability Insurance Company for each of the past five (5) years including policy number -- (Also give Gross Annual Revenue):

Year	Company	Policy #	Approximate Premium	Annual Revenue
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**PUMPER TRUCKS**

Type & Make Description	Year	(000) Current Value	(000) Replacement Cost	Maximum Reach & Lift Capacity	Serial Number
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____

**OTHER EQUIPMENT**

Type & Make Description	Year	Current Value	Replacement Cost	Serial Number
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

**PUMPER TRUCK OPERATORS DRIVING INFORMATION**

DRIVER NAME	BIRTHDATE	Drivers License #	State of License	Heaviest Pump will Operate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PLEASE INCLUDE WITH THIS APPLICATION:**

- Copy of Job Tickets or Work Agreements, Including Bare Rental Contract if Applicable
- Copy of Inspection Forms and Most Current Inspections
- Copy of operator inspections
- Current Hard Copy Loss Runs for Five (5) Years
- Most Recent Financials

**APPLICATION MUST BE SIGNED**

“ANY PERSON, WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.”

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Return Application to:

ASCINSURE SPECIALTY RISK  
FOUR ALLEGHENY CENTER, 4<sup>th</sup> FLOOR  
PITTSBURGH, PA 15212  
PHONE: 1-877-372-0517  
FAX: 1-888-316-9016

