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Traffic Control & Flagging Risks Application

GENERAL INFORMATION

- Name of Applicant: _____
 DBA: _____ Requested Effective Date: _____
(If applicable, include DBA or Trade Name)
 Do you conduct business under any other name(s)? Yes No
 If yes, list name(s) on a separate paper.
- Mailing Address:

 Street City State Zip
 Physical Address:

 Street City State Zip
 Do you have other location(s)? Yes No
 If yes, list location address(es) on a separate paper.
- Business Owners Percentage of ownership:
 _____ %
 _____ %
- Phone: _____ Email Address: _____
 Fax: _____ Website: _____
- Business Type: Individual Partnership Corporation LLC Other (please describe): _____
- Number of years in business under the above name: _____
 Total years of Owner's Traffic Control experience: _____ Total Years of Manager's Traffic Control experience: _____
 If applicable, describe Owner's prior Traffic Control experience: _____
 If applicable, describe Manager's prior Traffic Control experience: _____
- 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? Yes No
 If yes, please answer the following:
 a. Provide name and describe 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

RISK MANAGEMENT

- Total # of Employees: _____ Total # of F/T Employees: _____ Total # of P/T Employees: _____
- Annual Employees: _____ %
- Do you have a Pre-employment Screening process for all new Employees? Yes No
 If yes, please describe: _____
- Do you have a Training Program for all new Employees? Yes No
 If yes, does this program follow American Traffic Safety Services Association standards? Yes No
- Do you and/or Foreman agree to attend at least one American Traffic Safety Services Association Seminar, or similar OSHA Training Program, each year? Yes No
- Are all employees subject to random drug testing? Yes No

7. Do you have a safety program in place? Yes No
 If yes, does this program follow American Traffic Safety Services Association, or DOT, standards? Yes No
8. Do you have an Equipment Maintenance and Replacement Program in place? Yes No
 If yes, please describe: _____
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9. Do you conduct regular Safety Meetings (e.g. Tool-box meetings)? Yes No
 If yes, please answer the following:
 a. How often do these meetings take place? _____
 b. Does your safety meeting documentation process comply with OSHA standards? Yes No
10. How many years to retain job files? _____
11. Do you utilize an incident and/or accident reporting form? Yes No
 If yes, do you maintain these forms for a minimum of 5 years? Yes No
12. Are you an active member of any state and/or national trade association? Yes No
 If yes, please list: _____

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. Provide your total annual gross sales for the past 3 years:
 Expiring Year: \$ _____ 1st prior year: \$ _____ 2nd Prior Year: \$ _____
4. Provide your total estimated annual gross **sales** for the current year for ALL operations: \$ _____
5. Provide your total estimated annual gross **payroll** for the current year for ALL operations: \$ _____
6. Provide your estimate **percentage breakdown** for the current year for EACH applicable operation listed below:
 Sales (without fabrication) or traffic control equipment and/or supplies: _____ %
 Rental, set-up and/or repair of traffic control devices, signage and/or signals: _____ %
 Rental, without set-up or traffic control devices, signage, and/or signals: _____ %
 Street and road striping and/or pavement marking application and/or removal: _____ %
 Flagging: _____ %
 Fabrication and distribution of traffic control equipment and/or supplies: _____ %
 Other (please describe): _____ %
7. 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 (please describe: _____) _____ %
8. 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 (please describe: _____) _____ %
9. If you fabricate any products, provide a listing of these products: _____
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10. Do your operations include any designing or planning – other than your own work? Yes No
11. Do you provide any security guard services? Yes No
 If yes, are these services limited to lane closures? Yes No
 If no, please describe the type of security guard services you provide: _____
-
12. Do you provide any clearance, screening or gatekeeper 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. What percentage of your total annual gross sales is associated with the set-up of permanent traffic control devices, signage and/or signals? Yes No
15. What percentage of your total annual gross sales is associated with the installation of trench plates and/or K-rails? _____ %

16. Do you rent traffic control equipment from any other traffic control companies? Yes No
 If yes, please answer the following:
 a. What percentage of this equipment is rented from other traffic control companies? Yes No
 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
17. Do you rent traffic control equipment to other traffic control companies? Yes No
 If yes, please answer the following:
 a. What percentage of this equipment is rented to other traffic control companies? _____ %
 b. Do your rental contracts include indemnification language in your favor? Yes No
18. When barricade placement exceeds ¼ mile, do you monitor placement twice daily by visual inspection or by electronic monitoring? Yes No
19. Are barricade and signage materials you use in compliance with Local, State and/or Federal Codes? Yes No
20. Do you hire subcontractors? Yes No
 If yes, please answer the following:
 a. What percentage of your total operations is subcontracted to other? _____ %
 b. What are your annual subcontracted 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? Yes No
 e. Do you require all subcontractors to add you onto 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

HIRED AUTO AND NON-OWNED AUTO LIABILITY

1. If you are NOT interested in purchasing Hired Auto and Non-owned Auto Liability coverage, please check this box and skip to "General Liability Claims History" section. Otherwise please answer questions 2 – 4.
2. Do you currently have a Commercial Auto Insurance Policy in place for your business operations? Yes No
 If yes, through which insurance company: _____
3. Are your employees required to have their own Auto Insurance in place before they can drive vehicles for your business? Yes No
 If yes, please answer the following:
 a. How is their auto insurance verified: _____
 b. What is the minimum acceptable Liability Limit required? \$ _____
4. Do you obtain MVRs on all employees using their own vehicles? Yes No
 If yes, how do you address unclean records: _____

PRIOR GENERAL LIABILITY INSURANCE

1. Provide insurance company names and your payroll, limits, deductibles, and premiums for the last 5 years:

Year	Insurance Company	Total Annual Payroll	Limits	Deductible	Premium
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

2. In the last 5 years, has your general liability insurance been declined, cancelled or non-renewed? Yes No
 If yes, please explain why: _____

GENERAL LIABILITY CLAIMS HISTORY

1. Provide details for the last 5 years – if none, please state “NONE”

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

Applicant and Producer Signatures

APPLICANT: I UNDERSTAND THAT THIS APPLICATION FOR INSURANCE AND ANY POLICY ISSUED AS A RESULT OF THE APPROVAL OF THIS APPLICATION WILL **ONLY** PROVIDE INSURANCE FOR TRAFFIC CONTROL OPERATIONS. I FURTHER UNDERSTAND THAT NO COVERAGE WILL BE PROVIDED FOR ANY OTHER BUSINESS, OPERATIONS, OR SERVICES UNLESS THEY ARE SPECIFICALLY ADDED TO ANY POLICY ISSUED FOR AN ADDITIONAL PREMIUM. I BELIEVE THAT STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE INSURER WILL RELY ON THESE STATEMENTS IF A POLICY IS TO BE ISSUED. PROVIDING FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS FRAUD, WHICH IS A CRIME IN MANY STATES.

APPLICANT SIGNATURE:	DATE
APPLICANT NAME:	TITLE:
PRODUCER SIGNATURE:	PRODUCER NAME:

Pre-Qualifications for Traffic Control and Flagging Risks

Has the account been in business for at least 3 years? Yes No

Has the owner/manager had a minimum of 5 years trade experience as a manager or supervisor for a similar traffic control operation? Yes No

Is the insured involved in any other related operations/businesses that are not intended to be covered by this program?
If yes, can you verify adequate and current insurance for those operations/business? Yes No

Is the insured's business owned by another construction or contracting business? Yes No

Does the insured have an acceptable training program in place for new employees? Yes No

Does the insured agree to attend at least one American Traffic Safety Services Association Safety Seminar, or similar OSHA Training Program, each year? Yes No

Does the insured have an acceptable safety program in place? Yes No

Does the insured utilize an incident and/or accident reporting form and maintain a copy of each completed form for a minimum of 5 years? Yes No

Please select if any of the following is included in the insured's operations:

- a. Blasting: Yes No
- b. Clearance, screening or gatekeeper operations for secured government facilities Yes No
- c. Construction – if not describe above or approved by the company Yes No
- d. Crane rental Yes No
- e. Demolition Yes No
- f. Designing or planning for others (other than in conjunction with the insured's work) Yes No
- g. Primary contracting Yes No
- h. Rental of power tools to others Yes No
- i. Security guard services (other than for Traffic Control Operations) Yes No
- j. Set-up of permanent traffic control devices, signage and/or signals Yes No
If yes, what percentage of total annual gross sales does this operation make up? _____ %
- k. Street and road paving or resurfacing (not directly associated with the installation/removal of trench plates) Yes No
- l. Shoring equipment placement, fabrication, and/or installation Yes No
- m. Trenching Yes No