



# CONCRETE PUMPING SUPPLEMENTAL APPLICATION

Named Insured: \_\_\_\_\_

Insured Email Address\*(Required to Rate): \_\_\_\_\_

FEIN # (Required to Rate): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Representative: \_\_\_\_\_

Agent Phone Number: \_\_\_\_\_

Agent Email Address: \_\_\_\_\_

### How Did You Hear About Us?

- Print Advertisement  
  Tradeshow/Conference  
  Email Broadcast  
  Social Media (i.e. Facebook)
- Internet Search  
  Webinar  
  Postcard  
  Friend  
  Other: \_\_\_\_\_

### Description of Operations

- Lines of business submitted:
- |                          |                                  |                          |                        |
|--------------------------|----------------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | Commercial General Liability     | <input type="checkbox"/> | Inland Marine/Property |
| <input type="checkbox"/> | Commercial Auto/Mobile Liability | <input type="checkbox"/> | Contractors' Pollution |
| <input type="checkbox"/> | Umbrella/Excess                  |                          |                        |

Complete Description of Operations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Individual  
  Partnership  
  Corporation  
  Limited Corporation  
  Joint Venture
- Other: \_\_\_\_\_

If other, list description: \_\_\_\_\_

<b>Subsidiaries</b>	<u>Name</u>	<u>Operations</u>
1	_____	_____
2	_____	_____
3	_____	_____

Years in business: \_\_\_\_\_

Years of experience of Principals: \_\_\_\_\_

List all states where applicant has any operations: \_\_\_\_\_

Average number of field operations employees: \_\_\_\_\_

What percentage of work is offshore? \_\_\_\_\_ %    What percentage of work is wet or marshland? \_\_\_\_\_ %



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Provide an estimated breakdown of payroll and gross receipts as outlined below:

Operations	Payroll	Annual Gross Receipts
Concrete Pumping Operations	\$	\$
Shotcrete Operations	\$	\$
OTHER*	\$	\$
OTHER*	\$	\$
OTHER*	\$	\$
(1*)		
(2*)		
(3*)		

Describe any work on or adjacent to bodies of water, including dams and bridge work:

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Does the applicant lease or rent equipment from others?  Yes  No

a) If so, what type of equipment? \_\_\_\_\_

b) What are the average expenditures for equipment leased or rented from others? \$ \_\_\_\_\_

**Loss Control and Maintenance:**

a) Is a written loss control and job site safety plan updated regularly?  Yes  No

b) Does the loss control and job site safety plan address set-up near powerlines?  Yes  No

c) Does the formal safety program address minimizing horsewhipping?  Yes  No

d) Does the formal safety program address tipping prevention?  Yes  No

e) Are weekly safety meetings held with employees?  Yes  No

f) Do you utilize a formal training process for new operators?  Yes  No

g) Is there a minimum age for operators? Age: \_\_\_\_\_  Yes  No

h) Is there a schedule maintenance program?  Yes  No

i) Is there a written form kept on file for equipment inspections?  Yes  No

j) Is equipment inspected according to ASME B30.27?  Yes  No

If so, how often and by whom?

k) Do you order MVRs on all drivers/operators?  Yes  No

Please describe any operations in which any named insured to be covered under this policy would supply the concrete used in any operation:

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Please describe any shotcrete operations: \_\_\_\_\_

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## CONCRETE PUMPING SUPPLEMENTAL APPLICATION

Please describe any operations performed by any named insured to be covered under this policy in excess of 125 feet above ground:

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What percentage of your fleet is equipped with "CPMA Certified Compliance" tags? \_\_\_\_\_ %

### Safety - Attach copy of Safety Program

Name of Safety Director: \_\_\_\_\_

Safety Director reports to: \_\_\_\_\_

Years with organization: \_\_\_\_\_ Years in the safety field: \_\_\_\_\_ Percentage of time spent on safety: \_\_\_\_\_ %

How often are safety meetings held? \_\_\_\_\_

Are employees required to attend?

Yes  No

Is a written loss control and job site safety plan updated regularly?

Yes  No

Does the loss control and job safety plan address setup near powerlines?

Yes  No

Describe the Safety Director's duties:

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Describe any safety award program(s):

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### SUBMISSION REQUIREMENTS

Inland Marine / Property / General Liability	Commercial Auto	Umbrella / Excess
Acord Sections	Acord Sections	Acord Sections
NBIS Supplemental Application	Five Years Current Loss Runs	NBIS Supplemental Application
Five Years Currently Value Loss History	Vehicle Schedule With Cost New	Vehicle Schedule
Equipment Schedule	Driver Schedule	Underlying CGL Quotation
Operator Certifications	Motor Vehicle Reports - All Drivers	Underlying Auto Quotation
Equipment Inspections		Employer's Liability Carrier/Limit
Safety Program		Five Year Loss Summary Each Line
Lease / Rental Agreement		

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**ATTENTION**

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1. THE APPLICANT WARRANTS THAT THE ABOVE STATEMENTS AND PARTICULARS, TOGETHER WITH ANY ATTACHED OR APPENDED DOCUMENTS OR MATERIALS ("THIS APPLICATION"), ARE TRUE AND COMPLETE AND DO NOT MISREPRESENT, MISSTATE OR OMIT ANY MATERIAL FACTS.
2. THE APPLICANT UNDERSTANDS THAT THE COMPANY RELIED UPON THE INFORMATION CONTAINED WITHIN THIS APPLICATION TO DETERMINE ACCEPTABILITY, RATES AND COVERAGE.
3. THE APPLICANT UNDERSTANDS THAT ANY MISREPRESENTATION OR OMISSION SHALL CONSTITUTE GROUNDS FOR RESCISSION OF COVERAGE AND DENIAL OF CLAIMS, OR, AT THE OPTION OF THE COMPANY, THE ASSESSMENT OF ADDITIONAL PREMIUM CHARGES. THE APPLICANT REPRESENTS AND WARRANTS TO THE COMPANY THAT, IF A POLICY IS ISSUED TO THE APPLICANT, THE APPLICANT WILL COOPERATE WITH THE COMPANY IN CONNECTION WITH ANY INSPECTION, PREMIUM AUDIT AND IN ALL OTHER RESPECTS AS REQUIRED UNDER THE POLICY.
4. THE APPLICANT UNDERSTANDS THE COMPANY IS NOT OBLIGATED NOR UNDER ANY DUTY TO ISSUE A POLICY OF INSURANCE BASED UPON THIS APPLICATION. THE APPLICANT FURTHER UNDERSTANDS THAT, IF A POLICY IS ISSUED, THIS APPLICATION WILL BE INCORPORATED INTO AND FORM A PART OF SUCH POLICY.
5. IF THE APPLICANT BECOMES AWARE THAT ANY RESPONSE ON THIS APPLICATION IS INACCURATE AS A RESULT OF INFORMATION OR CHANGE OF CIRCUMSTANCES BEFORE A POLICY IS ISSUED, THE APPLICANT MUST INFORM THE COMPANY OF SUCH CHANGE, IN WRITING, AND ANY POLICY ISSUED BEFORE SUCH NOTIFICATION IS SUBJECT TO IMMEDIATE CANCELLATION.
6. THE APPLICANT AUTHORIZES THE COMPANY TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THE APPLICATION AS IT MAY DEEM NECESSARY.

THE UNDERSIGNED, BEING AUTHORIZED BY AND ACTING ON BEHALF OF THE PROSPECTIVE INSURED, REPRESENTS THAT THE ANSWERS GIVEN ARE TRUE. FAILURE TO PROVIDE TRUTHFUL ANSWERS AND ALL MATERIAL INFORMATION CAN RESULT IN THE COMPANY ELECTING TO CANCEL, REFORM AND/OR RESCIND THE POLICY.

("APPLICANT", "YOU", "YOUR" AND SIMILAR WORDS REFER TO THE PROSPECTIVE INSURED)

THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN POLICIES ISSUED BY THE COMPANY VARY SIGNIFICANTLY FROM THOSE CONTAINED IN MANY OTHER LIABILITY INSURANCE POLICIES. THE POLICY FORM ISSUED BY THE COMPANY PROVIDES COVERAGE THAT MAY BE MORE LIMITED THAN THAT AVAILABLE UNDER THE "ISO" INSURANCE POLICY OR SIMILAR TYPES OF POLICIES. YOU SHOULD CAREFULLY REVIEW THE ENTIRE POLICY WITH YOUR AGENT, LEGAL COUNSEL OR OTHER INSURANCE PROFESSIONAL TO MAKE SURE THAT YOU UNDERSTAND THE COVERAGE IT PROVIDES, AND YOUR RIGHTS AND OBLIGATIONS UNDER THE POLICY.

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.



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**Signature of Applicant**

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**Date**

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**Title (Officer, Manager, Partner, Owner)**

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**Signature of Broker**

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**Date**

*\*As an associated party to NBIS, you will be notified via e-mail about products or services that may be of interest to you. To opt-out from these program updates, please go to [NBIS.com](http://NBIS.com), then Contact Us, and select Opt-Out Request.*