

Company Name: _____

1. Years in business: _____ 2. FEIN: _____

3. States in which you operate: _____

4. Company Contact: _____

Office Number: _____ Cell Number: _____

Email Address: _____

5. Estimates for Next 12 Months:

Payroll \$ _____ Sub-Contract Costs \$ _____ Gross Receipts \$ _____

1st Prior Year Gross Receipts \$ _____

2nd Prior Year Gross Receipts \$ _____

3rd Prior Year Gross Receipts \$ _____

4th Prior Year Gross Receipts \$ _____

6. Indicate what % of your operations are generated from each of the following:

* Concrete Pumping _____ %

* Guniting or Shot-Crete _____ %

* Manufacturers representative for concrete pump sales _____ %

* Sale of new parts and equipment _____ %

* Light concrete construction _____ %

Describe: _____

* Equipment rental without operator _____ %

* Repair/service work for others _____ %

* Purchase of used equipment for resale to others _____ %

* Other _____ %

Describe: _____

7. Are you involved in any of the following operations? Yes No

- * ownership, use or operation of cranes
- * inspection or certification of equipment for others
- * use of placing booms in construction of 3 stories or more
- * underground concrete pumping
- * work over bodies of water that require pumps to be on a barge

if yes, please explain: _____

8. What is the normal radius of your operations? _____ miles

9. Have all employed pump operators completed the Pump Operators Certification Exam within the past two years?

If no, please explain: _____

10. How often are your pump units inspected by the manufacturer or a factory authorized inspection company? _____
If they aren't please explain your inspection procedures: _____

11. Any insurance claims in the last 4 years?
If yes, please explain: _____
Amount paid out by insurance company: \$ _____ Type of Claim: _____
Total cost of insurance for last year: \$ _____

Storage of Equipment

12. Describe where your pump units are stored overnight: _____
13. If they are stored in a building, what is the maximum number of pump units that can be stored in your building(s)? _____
14. If pump units are stored outside, how close are they parked to your building? _____
15. If they are stored outside, is the area fenced or otherwise protected during non-business hours?
16. Are pump units equipped with anti-theft or asset tracking equipment? Yes No

Leased Equipment

17. Do you lease equipment from others? Yes No
18. If yes, how often do you lease equipment from others? _____
19. How long do you normally lease equipment?
20. What type of equipment do you lease? _____

Safety

21. Do you have a formal, written safety program in place? Yes No
If yes, Include a copy of the table of contents.
22. Do you have a dedicated Risk Manager in your organization? Yes No
23. Do you hold regular safety meetings with your operators? Yes No
If yes, how often? _____
24. Do you have an active drug-testing program? Yes No
25. What is the average number of years your employees have been employed by you? _____
26. What is your employee turnover rate? _____
27. Have all operators been properly trained in the operation and maintenance of the pump truck? Yes No
28. Have operators been informed they are solely responsible for the safe operation of their machine? Yes No
29. Have operators been trained that concrete pumping equipment must be positioned so a minimum safety distance of 17 ft. from powerlines must be maintained in all boom positions needed to pump the job? Yes No

- | | | | |
|-----|---|-----|----|
| 30. | Are operators required to wear personal protective clothing when operating the equipment? | Yes | No |
| 31. | Are steady end hoses or anti-hose whipping devices used? | Yes | No |
| 32. | Are job tickets signed for every job? | Yes | No |
| | If no, please explain: _____ | | |
| | Include a copy of your job ticket. | | |
| 33. | Are you a member of ACPA? | Yes | No |
| | If yes, do you use the ACPA safety materials? | | |
| | * Safety Videos | Yes | No |
| | * Safety Manual | Yes | No |
| | * Co-Worker Safety Manual | Yes | No |
| | * Job Ticket | Yes | No |

AUTOMOBILE

Filings

- | | | | |
|-----|---|-----|----|
| 34. | Any statutory filings required? | Yes | No |
| 35. | Motor Carrier Number: _____ | | |
| 36. | Exact Name & Address for Filings: _____ | | |
| | _____ | | |

Drivers

- | | | | |
|-----|---|-----|----|
| 37. | Are MVR's obtained before hiring? | Yes | No |
| 38. | Are periodic MVR's obtained on all drivers? | Yes | No |
| | If yes, how often? _____ | | |
| 39. | Are pre-employment physicals required? | Yes | No |
| 40. | Are CDL's required when applicable? | Yes | No |
| 41. | Alcohol / Drug testing required at time of hire? | Yes | No |
| 42. | Are DOT files maintained on all drivers as required? | Yes | No |
| 43. | Is there an operator / Driver training program? | Yes | No |
| 44. | Is there a driver selection program in place with set standards? | Yes | No |
| 45. | What are the company's guidelines for an acceptable driver? | | |
| | Explain: _____ | | |
| | _____ | | |
| 46. | Total number of drivers: _____ | | |
| 47. | Total number of drivers with your company for less than one year? _____ | | |
| 48. | What is the average number of years your employees have been employed by you? _____ | | |
| 49. | What is your employee turnover rate? _____ | | |

Vehicle Maintenance

- | | | | |
|-----|--|-----|----|
| 50. | Is there a vehicle maintenance program in place? | Yes | No |
| 51. | Do drivers operate the same vehicles every day? | Yes | No |
| 52. | Are any vehicles insured elsewhere? | Yes | No |
| | If yes, please explain: _____ | | |
| 53. | Is there a written company policy on personal use of vehicles? | Yes | No |
| | If yes, please describe: _____ | | |
| | _____ | | |

54. Do you allow vehicles to be taken home at night? Yes No
55. Are any employees, officers, owners etc. assigned to a permanent vehicle for their own use?
if yes, please explain: _____

56. Are non-employees (Spouse, children, friends, etc.) permitted to drive the insured vehicles?
If yes, please describe: _____

Safety Management

57. Is a formal accident investigation / review procedure in place? Yes No
If yes, please describe: _____

58. Is there a progressive discipline policy for drivers involved in multiple
adccidents / violations, etc? Yes No

59. Do you have any restrictions on the use of cell phones while driving company vehicles?
If yes, please describe: _____

Signature _____
(Owner)

Date: _____

Email Address: _____