



INSTALLATION – OPEN REPORTING APPLICATION

DATE _____

Name of Insured

Mailing Address

City _____ State _____ Zip _____ Phone #:

Eff Date _____ Exp Date _____ Insured Contact
Name: _____

LOSS HISTORY	Expiring Term	Prior Year	Prior Year	Prior Year	Prior Year
Carrier					
Premium					
# of Losses					
Total Incurred					
Deductible					
Loss Control Employed					

Please provide a description of each loss

LIMITS: \$ _____ Any one Jobsite	Any one Occurrence
\$ _____	
\$ _____ Contract Penalty	Blueprints & Construction Docs
\$ _____	

BACKGROUND
Type of work performed _____ Radius

Type of material installed





Number of years in business _____ (provide description of past experience if under 5 years)

Any policy or coverage declined, cancelled or non-renewed during the past 3 years? Y / N

Any bankruptcies, tax or credit liens, in the last 5 years? Y / N

Avg Job Length	Max Job length	# of jobs	Avg Value of a job	Max Value of a Job	Est Gross Receipts	Last Year's Receipts	% of value that is materials
Residential							
Commercial							

MATERIAL & SUPPLY STORAGE AND SECURITY:

When not in use, at what address is equipment stored? _____

\$ _____ Maximum amount of material in storage that is pegged for a project(s)

\$ _____ Amount in storage at a temporary location at any one time.

If stored indoors:

If stored outdoors:

Construction of the building _____

Is the lot fenced and lighted: Y / N

Central Station Alarm? Y / N

Cameras & recording: Y / N

What is the operation inside? _____

Watch service Y / N

Sprinkler? Y / N # of Fire Extinguishers _____

Regular police patrols? Y / N

Maximum value at storage site \$ _____

Maximum values at a job site

\$ _____

When stored on site:

Police Patrols?		LoJack/GPS?		Watch Service?	
Materials locked inside building?		Locked storage trailer?		Alarmed storage trailer?	

TRANSPORTATION OF MATERIAL & SUPPLIES

\$ _____ Any one vehicle

\$ _____ Any one occurrence





_____ % of jobs where supplies are delivered by common carrier Is a value declared on Bill of Lading? Y / N

Drivers are employed: _____ % FT _____ PT Are drivers bonded? Y / N

Annual Turnover _____

MVR's checked annually? Y / N At what point is corrective action taken? _____

Are physicals performed annually? Y / N Are employees randomly checked for drugs/alcohol? Y / N

At hiring, which of the following is/are done?

Physicals	Drug/Alcohol Check	Background Check	Minimum Amt of Exp?	MVRs?	Road Test	Minimum Age	Driver Mgmt System Check?

Are vehicles left loaded and unattended at any point? Y N

How many drivers per truck? _____

In Transit:

GPS/ LoJack	Trailer Alarm	Person in vehicle	Locked Trailer	Alarmed Cab

Are a driver's credentials and instructions checked before releasing a load? Y / N

Are routes planned in advance? Y / N Are horizontal and vertical clearances checked? Y / N

Are loads secured ANYTIME the trailer is in motion? Y / N Will lead/pace cars be employed? Y / N

REPORTING REQUIREMENTS:

Monthly [] Quarterly []

Monthly []

ADJUSTMENT FREQUENCY:

Annual [] Quarterly []

RIGGING:

Are Rigging services subcontracted? Y / N From whom _____

Are subrogation rights retained? Y / N Are certificates of Riggers Liability Insurance retained? Y / N

\$ _____ Average values Rigged / Hoisted \$ _____ Maximum value Rigged/Hoisted





\$ _____ business personal property that will not become a permanent part of the project".

Describe the BPP

When stored on site:

Police Patrols?		LoJack/GPS?		Watch Service?	
Materials locked inside building?		Locked storage trailer?		Alarmed storage trailer?	

Signature & Title

Date

