

TRAFFIC CONTROL SUPPLEMENTAL APPLICATION

Required documents, in addition to this application:

- Acord Application
- Loss runs, dated within 60 days of submission, covering the past five years
- Standard Subcontractor Agreement (where applicable)
- Copies of Formal Safety Program and Accident Reporting Forms

GENERAL INFORMATION

Legal name of Applicant:	
Mailing Address:	
Primary Location Address:	

1. Years in business (under current name):		
2. Total years of Owner/Manager experience in traffic control:		
3. In the last 10 years, has the Owner operated under a different name or owned a similar entity?	Yes	No

4. Please provide the following:	Current Year	Prior Year
Annual Gross Sales	\$	\$
Annual Payroll	\$	\$
Annual Subcontractor Costs	\$	\$

OPERATIONS

5. Provide the following breakdown for service category by annual revenue (totaling 100%):			
Equipment Sales (no fabrication)	%	Fabrication of Traffic Equipment	%
Equipment Rental (no set-up)	%	Rental with Set-up/Repair	%
Flagging/Lane Closures	%	Pavement Marking/Striping	%
Consulting/Design for Others	%	Other (describe below)	%

6. Provide the following breakdown of work environment by annual revenue (totaling 100%):			
Private Roads/Parking Lots	%	Local/City/Suburban Streets	%
Highways/Interstates	%	Airports (Airside/Tarmac)	%
Night Operations (8pm-5am)	%	Other (describe below)	%

Additional space for Other answers above:

SAFETY CONTROLS & COMPLIANCE

7. Does your training for all new employees meet ATSSA or DOT standards?	Yes	No
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8. Do you maintain a mandatory Random Drug Testing policy for all field staff?	Yes	No
9. Does management or a foreman attend at least one ATSSA or OSHA safety seminar annually?	Yes	No
10. Do you utilize a formal Safety Program and Accident Reporting Form? If Yes, please attach copies of any such form(s).	Yes	No
11. Do you maintain a formal written Equipment Maintenance & Replacement Program?	Yes	No
12. When barricade placement exceeds a half (½) mile, is the site inspected (visually or electronically) at least twice daily?	Yes	No

RISK, WORKSITE, AND OPERATIONAL EXPOSURE

13. Do you run Motor Vehicle Records (MVRs) on all drivers annually and maintain written "No-Hire" criteria for poor driving records?	Yes	No
14. Do you utilize Truck Mounted Attenuators (TMAs) / Shadow Vehicles for all highway operations?	N/A	No
15. Do you provide Traffic Control Plans (TCPs) or consulting for work performed by other contractors?	Yes	No
16. Does any work involve Shoring, Trench Plates, K-Rail installation, or Security Guard services?	Yes	No
If Yes, describe the work:		
17. Does any work involve high-pedestrian urban areas where sidewalk closures or temporary crosswalks are required?	Yes	No
18. Do any operations occur within 50 feet of a railroad track?	Yes	No
19. If there's equipment rental as a service, do you provide a trained operator for the equipment?	N/A	No
20. Do you provide any emergency response for downed signals or accident scenes?	Yes	No
21. For night operations (8pm-5am), is there a policy on maximum shift lengths to prevent fatigue-related accidents?	N/A	No
If Yes, describe the policy:		

FLEET & DRIVER QUALIFICATIONS & MONITORING (complete only if requesting Excess Liability)

22. Provide the vehicle count for the following:			
Heavy trucks (attenuators/strippers)		Pickup Trucks	
Other (describe below)			
23. Do you hire any drivers with less than two (2) years of CDL experience?	Yes	No	
24. Do you use GPS/Telematic systems like Samsara or Motive to monitor speeding and harsh braking?	Yes	No	

CONTRACTUAL RISK TRANSFER

25. Subcontractor Requirements: do you require all subcontractors to:	Check if N/A	
a. Maintain GL/Work Comp limits equal to or greater than yours?	Yes	No



b. Name you as an Additional Insured on a Primary/Non-Contributory basis?	Yes	No
c. Sign a Hold Harmless / Indemnification agreement in your favor?	Yes	No
26. Do your equipment rental contracts include signed indemnification language in your favor?	Yes	No

LOSS HISTORY

27. Has any claim, loss, legal action or suit been made or brought against the applicant, or any other person or entity proposed for this insurance in the last five (5) years?	Yes	No
28. Is the applicant, or any person or entity proposed for this insurance aware of any act, omission, event, condition or damages to any person or property which may give rise to a claim?	Yes	No
29. Has the applicant, or any person or entity proposed for this insurance been accused of breaching a contract in the last five (5) years?	Yes	No

SUPPLEMENTAL INFORMATION

Please use this section to provide additional details for Questions 27-29, or for any other questions requiring additional space for answers.

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO CALIFORNIA APPLICANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related



to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.



HAMILTON

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant Signature _____

(Must be signed by an owner, principal, partner or officer)

Title: _____

Date: _____