

# READY MIX QUESTIONNAIRE (AZ, CA, NV)

# FINANCIAL PACIFIC



This questionnaire is part of the application. The answers in this questionnaire are warranties on the part of the insured, furnished to Financial Pacific Insurance Company, in consideration for Financial Pacific Insurance Company providing insurance.

Insured/Applicant \_\_\_\_\_ Social Security # \_\_\_\_\_

1. What percentage of work is: Commercial: \_\_\_\_\_ % Residential: \_\_\_\_\_ %
2. Are vehicles parked in a fenced or enclosed area at night? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
3. Are equipment and materials kept in a closed building or locked and lighted yard? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
4. Is equipment ever left at job sites overnight? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
5. Is fuel stored on the premises? ..... Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe in NOTES section.
6. Are any other flammable liquids stored on premises (paint, solvents, etc.)? ..... Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe in NOTES section.
7. Does the insured ever rent or loan out equipment? ..... Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, is equipment ever rented or loaned without operators? ..... Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe in NOTES section.
8. Are there any operations other than Ready Mix concrete? ..... Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe in NOTES section.
9. How is the batching and mixing of concrete controlled? ( Circle one. )  
1. All Automated - Computer Controls    2. All Automated – Manual Controls    3. All Manual    4. Other (describe)
10. Does the insured do any design or engineering work? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
11. What is the average distance traveled to jobsites? \_\_\_\_\_ miles
12. What is the maximum distance traveled to jobsites? \_\_\_\_\_ miles
13. Does the insured verify MVRs on all drivers prior to hiring? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
14. Does the insured use Department of Motor Vehicles **PULL** Program? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
15. Does the insured use Highway Patrol Offices Inspection Program? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
16. Does the insured have specific qualifications for drivers? (Special licensing, training, etc.).. Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe in NOTES section.
17. Are pre-employment drug tests required? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
18. Are ongoing drug tests performed? ..... Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe in NOTES section.
19. Are vehicles maintained according to a written schedule? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
20. How often are brakes inspected? \_\_\_\_\_
21. Who performs vehicle maintenance? \_\_\_\_\_
22. Are vehicles equipped with road monitoring devices? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
23. Does the insured have a written safety program? ..... Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe in NOTES section or attach a copy of program.
24. Does the insured operate any other businesses on the premises? ..... Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe in NOTES section.
25. Does the insured allow other business operations on premises as invitees, lessees, permittees or vendors. .... Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe in NOTES section.
26. Does the insured use any sub-contractors? ..... Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe in NOTES section.

27. Does the insured have any current or prior projects located on landfills or other subsidence areas?..... Yes \_\_\_ No \_\_\_
28. Does the insured plan to be involved in any way in any future projects located on landfills or other subsidence areas? ..... Yes \_\_\_ No \_\_\_
29. Does the insured have any current or prior projects involving bridge work?..... Yes \_\_\_ No \_\_\_
30. Does the insured plan to be involved in any projects with bridge work?..... Yes \_\_\_ No \_\_\_
31. Has the insured had any losses exceeding \$10,000 in the past three years? ..... Yes \_\_\_ No \_\_\_  
If yes, please describe losses and amounts in NOTES section.
32. Do all mixer drivers have at least 3 years experience driving mixers with this insured?..... Yes \_\_\_ No \_\_\_
33. Are you currently aware of any environmental conditions that could give rise to a pollution claim?..... Yes \_\_\_ No \_\_\_  
If yes, please describe the condition.

34. Are there any above ground or underground tanks with a capacity of 250 gallons or more located on the premises? ..... Yes \_\_\_ No \_\_\_  
If yes, please provide a tank schedule.  
If yes, do tanks meet 1998 EPA upgrade requirements? ..... Yes \_\_\_ No \_\_\_
35. During the last 5 years have you been cited and/or prosecuted for contravention or violation of any standard or law relating to the release from your premises of any substance into sewers, rivers, seas, air or land? ..... Yes \_\_\_ No \_\_\_
36. List the number of drivers of **mixers** by total years experience driving **mixers** or other **heavy trucks**.

No. of Drivers	Years experience driving mixers / heavy trucks																			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. List five largest jobs completed in the past three years including locations.
- | <u>Job</u> | <u>Location</u> |
|------------|-----------------|
| 1. _____   | _____           |
| 2. _____   | _____           |
| 3. _____   | _____           |
| 4. _____   | _____           |
| 5. _____   | _____           |

**NOTES:**

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I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I understand that Financial Pacific Insurance Company may rescind coverage if I have not provided accurate and complete information in this application.

_____		_____	
<b>Owner or Officer's Name</b>		<b>Agent's Name</b>	
_____		_____	
<b>Title</b>		<b>Agent's Signature</b>	<b>Date</b>
_____		_____	
<b>Owner or Officer's Signature</b>	<b>Date</b>	<b>Expiring FPIC policy number, if applicable</b>	