

READY MIX PROGRAM QUESTIONNAIRE - OREGON

FINANCIAL PACIFIC



This questionnaire is part of the application. The answers in this questionnaire are representations 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:

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.

Owner or Officer's Name

Agent's Name

Title

Agent's Signature

Date

Owner or Officer's Signature

Date

Expiring FPIC policy number, if applicable