

Horizon E & S Tel 805-494-6553 Fax 805-494-6778	Concrete Contractors Program (ASCC) Supplemental Application		
Account Name		Producer Name	
Account Contact Name		Producer e-mail address	
Account web site address	Account e-mail address	Date Completed	

Definitions of *italicized terms* are provided at the end of the supplement.

ELIGIBILITY:

1. Please attach a list of the risk's jobs (job list) for the last two years as well as a list of the jobs committed to for the next 12 months.

2. Enter the percentage of the risk's own payroll and/or sales that emanate from the following operations:
 Exclude work that the risk subcontracts when determining eligibility percentages Payroll or Sales
 Percentages based on: (check one)
- a. Gunitite work excluding *EIFS* _____ %
 - b. Concrete maintenance and repair _____ %
 - c. Concrete Paving (including ground supported concrete floors, driveways, sidewalks, curbs, gutters, patios) _____ %
 - d. Concrete *tilt-up construction* _____ %
 - e. Concrete construction, NOC _____ %
- TOTAL** _____ %

If total is less than **60%**, risk is **ineligible** for ASCC.

If **any operations emanate from gunitite and stucco work including EIFS**, risk is **ineligible** for the ASCC program.

3. Does the insured communicate with the One-Call Service Center and the area utility owners that are not members of the One-Call Service Center prior to all scheduled excavation work? Yes No
 If **No**, the account is **ineligible** for the ASCC program.
4. Does the risk have a structural engineer on staff? Yes No
- a. If **Yes**, does the risk carry professional liability insurance? Yes No
 - b. If **No**, does the risk require that the structural engineer carry his/her own professional liability insurance? Yes No
5. List the types of work subcontracted including sub cost for each.

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- a. Does the risk obtain certificates of insurance from all subcontractors? Yes No
- b. Is the risk named as an additional insured on all subcontractors' policies? Yes No

- c. Does the risk require all subcontractors to carry primary limits equal to or greater than their own? Yes No
- d. Does the risk use written subcontractor agreements containing hold harmless/indemnity agreements in favor of the risk? Yes No
- e. Is there a Diary System in place to track expiration dates of certificates of insurance? Yes No
- f. If subs are hired does legal counsel or the insurance agent review all contracts? Yes No
6. Has the risk been cited for any OSHA violations in the last three years? **If yes**, please explain further. Yes No

7. Enter the percentage of the risk's own payroll and/or sales that emanate from new residential or commercial work from the following operations:

- | | |
|--|--|
| a. Site preparation including rough and finish grading? _____% | e. Soil compaction? _____% |
| b. Building site pad preparation? _____% | f. Soil stabilization? _____% |
| c. Foundation form construction? _____% | g. Foundation design? _____% |
| d. Concrete pouring for foundations? _____% | h. Foundation pier hole drilling? _____% |

8. Risk is operating as:

- Construction Manager _____% General Contractor _____% Subcontractor _____%

9. The **average** percentage of the risk's TOTAL were based on payroll or sales **during the past five years** for the following: (check one) Payroll or Sales

COMMERCIAL WORK	%
INDUSTRIAL WORK	%
HABITATIONAL WORK	
Please complete if the risk does any habitational work.	
HABITATIONAL WORK BREAKDOWN	% NEW or MAJOR REHAB/ RENOVATION + % SERVICE OR MAINTENANCE =
<input type="checkbox"/> CONDOMINIUMS (High And Low Rise)	% + % = _____%
<input type="checkbox"/> TOWNHOUSES	% + % = _____%
<input type="checkbox"/> TRACT HOUSING	% + % = _____%
<input type="checkbox"/> TRIPLEXES AND DUPLEXES	% + % = _____%
<input type="checkbox"/> SINGLE FAMILY – CUSTOM HOMES	% + % = _____%
<input type="checkbox"/> Other	% + % = _____%
OTHER WORK: (PLEASE DESCRIBE)	_____%
TOTAL (SHOULD EQUAL 100%)	_____%

10. Does the risk have any future plans related to work involving condos, townhouses, tract homes, triplexes or duplexes? Yes No

If **Yes**, please describe.

11. List the states the insured worked in during the last 5 years?

12. Has the risk ever installed or have any future plans involving the installation of *EIFS*? Yes No
13. Has the risk ever been named in claims and/or litigation regarding faulty or defective construction or workmanship, including claims due to *subsidence* issues or use of *EIFS*? Yes No
If **Yes**, was risk acting as a general or sub-contractor? Yes No
Was it a residential or commercial project? Yes No
Provide detail on claims/litigation and how the issue was corrected.

14. Does risk have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action? Yes No
If **Yes**, please describe.

If the answers to questions **12, 13, or 14** are **yes**, please discuss the risk with your underwriter.

15. Enter the percentage of receipts in work sub-contracted: _____%
If greater than **35%**, the risk is **ineligible** for the **ASCC** program.
Exception: Up to 50% sub-contracted work is acceptable in conjunction with tilt-up operations.

16. Any current or past involvement with *wrap-up/OCIP*? Yes No
Any residential *wrap-ups*? Yes No

17. Does the risk have a quality control program? Yes No
If **Yes**, is it (check one) Informal or Documented

18. Does the risk retain job files? Yes No
If **Yes**, how long are they retained?

19. Indicate the types of subcontractor agreements the risk typically signs.
 Standard (AGC, AIA contracts) Custom Other

20. Does the insured/risk perform construction operations involving any one of the following:
- | | | |
|---|--|--------|
| a. Airport runway, warming apron construction or repair | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____% |
| b. Asphalt and blacktop work (See LCP or SRBC) | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____% |
| c. Bridge or elevated highway (See SRBC) | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____% |
| d. Caisson or dam | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____% |
| e. Concrete pumping operations (Bee Pump Pro-NSM) | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____% |
| f. Industrial and chemical waste collection or sedimentation pond | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____% |
| g. Plastering or stucco operations | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____% |
| h. Pre stressed* structural concrete | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____% |
| i. Redi-mix operations, concrete or cement hauling for others | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____% |
| j. Sand and gravel hauling for others | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____% |
| k. Street or road construction (See SRBC). | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____% |
| l. Subway or tunnel construction | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____% |
| m. Swimming pool construction in excess of 25% (See SPLASH) | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____% |

- n. Tilt-slab or tilt-up work in excess of 50 feet in height Yes No _____%
- o. If **Yes** to any operations, the risk is **ineligible** for the ASCC program.
21. Does the insured have a New Hire Orientation Program with pre-physicals, drug screening, etc.? Yes No
22. Are safety meetings held on a quarterly basis; do managers and employees attend, and are attendance records kept?
If less than quarterly, how often? Yes No
23. Is the insured a member of ASCC? Yes No
- Answering this question is optional. Membership in ASCC is not a requirement for insurability.

Please complete if umbrella is needed.

Personal Usage

24. Does the insured allow anyone to take vehicles home? Yes No
If so, who and how many?
25. Do they have written guidelines on personal use of company vehicles? Yes No
26. Do they allow family members to drive the company cars? Yes No
27. Do they report personal usage as additional income? Yes No

HISTORICAL EXPOSURE

	Expiring Year Term: _____	1 st Prior Year Term: _____	2 nd Prior Year Term: _____	3 rd Prior Year Term: _____	4 th Prior Year Term: _____
Premium					
General Liability Payroll					
Receipts					

DEFINITIONS

Concrete Maintenance & Repair: Involves numerous processes, including, but not limited to, cleaning the area, removing the loose concrete by sand blasting or a pressurized water wash, and pumping under pressure liquid adhesives, epoxy, polyester and acrylics into the opened areas to fill and seal the cracks.

Construction Manager: Construction management takes two forms - "pure agency" construction management and "at risk" construction management. "A pure agency construction manager" is merely an agent of the owner, neither designing nor constructing the project. Instead, the manager administers the construction contract throughout the planning, design and construction phases of the project. An "at risk construction manage" provides construction advice and construction leadership on a project during the planning and design stages and also provides construction leadership, contract management, direction, supervision, coordination and control of the work during the construction phase.

EIFS: Exterior Insulation Finishing Systems - multi-layered exterior wall systems (which resemble stucco in appearance) that are used on both commercial buildings and residential homes.

General Contractor: A contractor who subcontracts work to others in excess of 50% of their total receipts, exercises primary control of the job-site, and is named in the construction documents as the general contractor of record.

Pre-stressed concrete: Concrete constructed to withstand a specified stress or load bearing criteria.

Residential work: New or major rehabilitation of condominiums, triplexes, duplexes, town homes or track homes.

Subsidence: Any movement of land or earth including: landslides; mudflow; earth sinking, rising, and shifting; collapse or movement of fill, earth settling, slipping, falling away, caving in, eroding or tilting; and earthquake.

Tilt-up construction: Method of construction where concrete wall sections are cast horizontally on the ground and tilted or lifted into position.

OTHER CIS PROGRAMS WITH SIMILAR EXPOSURES

If you are unsure of whether the risk qualifies for the CCP Program, please read the following descriptions:

Street, Road & Bridge Contractors Program (SRBC): Contractors engaged primarily in street or road construction and or reconstruction, site preparation, street or road paving and or repaving, and construction of girder bridges or elevated highway structures. Operators of asphalt plants are eligible for this program.

Land Improvement Contractors Program (LICP): Program for contractors who are primarily engaged in excavations, grading of land, irrigation or drainage system construction, sewer or water main connection construction, paving or surfacing, septic tank system installation.

WORKERS COMPENSATION

(IF YOU WANT A WORKERS COMPENSATION QUOTE PLEASE COMPLETE THIS SECTION)

RISK MANAGEMENT

Hiring Practices:

28. Do you have check references for new hires? Yes No
29. Do you conduct pre-employment drug testing? Yes No
30. Do you conduct pre-employment physicals? Yes No
31. Do you conduct pre or post employment road tests for drivers? Yes No

Pre-Lost Procedures:

32. Do you have a Safety Director? Yes No
33. Do you have a Formal Safety Program?
If yes, how does Management support it? Yes No
34. Do you have Safety Training? Yes No

If yes, what is the frequency of the training?	
Is attendance mandatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No

35. Do you have tailgate safety meetings? Yes No

Post-Lost Procedures:

36. Do you have a Return-to-Work Program?
If yes it is written and formal? Yes No

MANAGEMENT

37. What is your employee turnover ratio? Yes No

Employee Stability:

38. What is the average tenure of your employees? Full time _____ Part time _____
39. Do you use temporary employees? Yes No
40. Do you promote temporary employees to permanent? Yes No
41. What is your employee turnover ratio?

Employee Relations:

42. Do you provide employee benefits? Yes No
43. Do you subsidize the cost of benefits? Yes No
44. How does your pay scale compare with the industry in your locale?

HISTORICAL EXPOSURE

	Expiring Year	1 st Prior Year	2 nd Prior Year	3 rd Prior Year	4 th Prior Year
Premium:					
Workers Comp Payroll					
Experience Modifier					
Currently Valued Losses					

Please attach the current experience modification worksheet.

Will you commit to participation in the Claim Documentation Program, which will be included in your costs?

_____*

(*Required to participate)

Information provided by the named insured to the Claim Documentation Program will be kept in strict confidence and can only be released to the insurance carrier's claims adjuster related to a specific claim reported by the above noted named insured. This information will not be released without the express written consent of the named insured or the insured's agent, unless ordered to do so by court processes. In the event any records are subpoenaed the insured will be notified immediately.

Producer's Signature

Date

Applicant's Signature

Date