

TOWER CONTRACTOR QUESTIONNAIRE



Company Name: _____

Are you a Member of the National Association of Tower Erectors (NATE)? Yes No

Insured Email Address: _____

Years in Business: _____ Years of experience in this type of work: _____

Geographic areas of operation: _____

Union or Merit Shop: Union Merit Shop

Describe the contractor's operations: _____

Are any kind of manufacturing operations conducted? Yes No

If yes, please describe: _____

Who are the company's primary customers? _____

OWNERSHIP: Family Owned Limited Liability Corporation Joint Venture
 Individual Partnership Subchapter S Partnership ESOP
 Other (explain): _____

Name of owners and percentage of ownership: _____

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Subsidiary of another company? Yes No

If yes, please provide details (including insurance arrangement):

List any other entities to be insured along with a description of operations of each: _____

Has there been any change in the type of scope of construction in the last 5 years (including moving from a general contractor to self-performing more of your work)? Yes No

If yes, please describe: _____

Have you ever been involved in litigation regarding faulty construction or construction defect? Yes No

If yes, please explain: _____

Do you own and/or operate towers? Yes No

If yes, please describe: _____

Please provide the following information regarding your insured:

	PAYROLL	SUB COST	TOTAL GROSS RECEIPTS
Est. next 12 months	\$	\$	\$
Prior Year (1):	\$	\$	\$
Prior Year (2):	\$	\$	\$
Prior Year (3):	\$	\$	\$

Please provide the percentage of operations:

General Contractor	%	Subcontractor	%
New Construction	%	Repair/Maintenance	%
Commercial	%	Residential	%
Rural	%	Urban	%
Tower	%	Building/Rooftops	%

Other (please explain): _____

Does the contractor utilize any of the following risk control and safety practices?

- a) Employ Risk Manager Yes No
- b) Employ Safety Director Yes No
- c) Require supervisors to complete OSHA 10 Hour Training Yes No
 If yes to any of these, what percentage has completed this? _____%
- d) Maintain written safety plan Yes No
 If yes, how often and when was it last updated? _____
- e) Conduct safety meetings Yes No
 If yes, how often are they held? _____
- f) Conduct formal accident investigations Yes No
- g) Centralized reporting system? Yes No

Describe the management accountability program for safety and quality: _____

Percentage of work self-performed: _____%

Percentage sub-contracted: _____%

Description of work performed by subcontractors: _____

How are the subcontractors selected / prequalified and how are they managed? _____

Are certificated of insurance obtained from your subcontractors before hiring? Yes No

Are you named as an additional insured on your subcontractor’s General Liability and Umbrella policies? Yes No

Do you require your subs to carry liability limits equal to or greater than your own? Yes No

Do you require your subcontractors to sign a written contract providing indemnification, defense and hold harmless clauses in favor of you? Yes No

Describe jobsite public controls (including equipment, lock-out/tag-out, slip/trip/falls, site security etc.): _____

Describe the quality assurance / quality control program (QA/QC) (e.g. material inspection, warranty work, documented corrective action, etc.): _____

Describe crane use, requirements for operator certification and maintenance documentation including subcontracted work: _____

Describe the procedures for scaffold erection, dismantling, inspection and maintenance including subcontracted work: _____

Describe the Fall Protection Program and requirements: _____

Is tower safety, rescue and evacuation training conducted on a regular basis? Yes No

Required Fall Protection Equipment and other PPE inspected prior to every climb? Yes No

Describe how often and who conducts training: _____

What is the hiring process/ requirements specific to climbers (e.g. years of experience required, pre-hire drug screen, pre-hire physical, etc.)? _____

How many employees are at a jobsite (or make up a crew): _____
 Please describe their duties: _____

What percentage of operations include climbing and/or working at heights? _____ %

Height Exposure:

0-300 ft	%
300-500 ft	%
500-750 ft	%
750-1,000 ft	%
Over 1,000 ft	%

Describe the pre-task planning and safety analysis program. Does the program include a requirement for documented Job Hazard Analysis (JHAs)? _____

Are any of the following hiring and substance abuse practices utilized?

Pre-hire Physicals	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Hire Drug Screen	<input type="checkbox"/> Yes <input type="checkbox"/> No
Post-hire Physicals	<input type="checkbox"/> Yes <input type="checkbox"/> No	For-Cause Drug Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Written Personnel Procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Post-Accident Drug & Alcohol Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Random Drug Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
References Checked	<input type="checkbox"/> Yes <input type="checkbox"/> No	Substance Abuse Recognition Training	<input type="checkbox"/> Yes <input type="checkbox"/> No
Return-to-Work Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug/Alcohol Rehab Program	<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe new employee training and orientation program: _____

Are employee files created and regularly maintained? Yes No

Please describe: _____

Describe the procedures for addressing positive substance abuse tests: _____

Does the company utilize a PPO network?

Yes No

Describe Return to Work Program: _____

AUTOMOBILE:

Do you have a formal written auto fleet safety program?

Yes No

Does the contractor utilize any of the following driver selection practices?

MVR's checked prior to hire

Yes No

MVR's verified annually

Yes No

Road test post hire

Yes No

Orientation completed with an experienced driver

Yes No

Indicate the minimum years of experience requires for full-time drivers: _____

What do you consider to be an unacceptable MVR and what procedures are in place for addressing unacceptable drivers?

Do you have a cell phone policy in place?

Yes No

If yes, does it address texting?

Yes No

Do you have a company vehicle personal use policy?

Yes No

If yes, please explain: _____

Are employees allowed to use their personal automobile regularly for company business?

Yes No

If yes, what percentage of employees use their personal vehicle _____%

*If greater than 10%, indicate which of the following controls are in place:

Annual MVR Review

Verification of limit equal to minimum required

Verification of coverage with no business use exclusion via certificates of insurance

Verification that the vehicles are adequate for use and are maintained

The following information must be provided prior to release of a formal quote:

- 5 years of currently valued, prior carrier loss runs
- List of work and/or job in progress (including project name and type of work)
- Experience Mod worksheet, if available
- Copy of Table of Contents from your safety manual(s) and employee handbook(s)
- Copy of Table of Contents from your fleet safety program
- Copy of Fall Protection Program
- Copy of Substance Abuse Program
- Copy of Return to Work Program
- A blank copy of your standard subcontractor agreement (if quoting General Liability)
- Any additional documentation you feel explains your management commitment to safety

SIGNATURE OF APPLICANT IS REQUIRED PRIOR TO QUOTE

The information provided above is correct to my knowledge

Insured: _____
Name (Printed or typed) Signature Date