



READY MIX CONTRACTORS

SUPPLEMENTAL APPLICATION

This application must be completed, signed and dated by the applicant. All questions must be answered completely. The information is required to make an underwriting and pricing evaluation. Your answers are considered legally material to that evaluation. If any question does not apply, indicate NOT APPLICABLE. If space is not sufficient to properly answer the question, please provide the details in the Additional Information section of this form or you may attach a separate page using your letterhead. To use this form, you may mouse click on a field or move between fields using the tab key. To check a box, you may mouse click or press the space bar.

I. GENERAL INFORMATION

Applicant Name: _____
 Entity Name: _____ Website: _____
 Primary Office: _____ Telephone No.: _____
 Address: City: _____ County: _____
 State: _____ ZIP: _____

II. OPERATIONS

- Estimated Gross Receipts for Next 12 months:
- Payroll \$:
- Sub-Contract Costs \$:
- 1st Prior Year Gross Receipts \$:
 2nd Prior Year Gross Receipts \$:
 3rd Prior Year Gross Receipts \$:
 4th Prior Year Gross Receipts \$:
- Do you have operations in any of the following states: AL, AZ, CA, CO, FL, HI, ID, MN, NM, NV, OK, OR, SC, TX, UT, WA?
 YES NO
- Indicate what % of your operations are generated from each of the following(must total 100%):

Ready Mix Concrete:	%	Grading of Land:	%
Volumetric Mixers:	%	Concrete Construction:	%
Sand & Gravel Hauling:	%	Describe:	
Concrete Pumping:	%	Sales of Building Materials:	%
Other:	%	Describe:	
Describe:			
- Indicate what % of your operations are generated from each of the following(must total 100%):

Urban/Inner City Environments	%	Suburban Environments	%
Rural Environments	%		
- Indicate what % of your operations are generated from each of the following(must total 100%):

Residential	%	Industrial	%
Commercial	%	Government/Public Works	%

If Residential Operations indicated above, please provide the following(must total 100%):

Condominiums	%	Tract Housing	%
Single Family/Townhome	%	Apartments	%

9. Are you involved in any of the following operations?

Ownership, Use or Operation of Cranes	YES	NO
Hauling of Construction Debris	YES	NO
Hauling of Hazardous Materials	YES	NO
Laying of Concrete, Including Rebaring, Forms Setup & Underpinning Oilfield Work	YES	NO
Construction of Airplane Tarmacs	YES	NO
Construction of Parking Garages	YES	NO
Construction of Wind Turbines	YES	NO

10. Does the Insured own, operate or occupy any premises with a quarry? YES NO

PROJECTED EQUIPMENT

# of Private Passenger	# of Light Trucks (0-10,000)	# of Medium Trucks (10,001-20,000)	# of Heavy Trucks (20,001-45,000)	# of Extra Heavy Trucks (45,000+)	# of Extra Heavy Truck-Tractors (45,000+)	# of Trailers

*Gross Vehicle Weight in Pounds

11. Please list your 5 largest current or recent projects:

- 1.
- 2.
- 3.
- 4.
- 5.

12. What was the tallest structure you have worked on in the past 5 years?

Number of Stories:

ACKNOWLEDGEMENTS, AUTHORIZATION and SIGNATURE

This applicant declares that the information contained in this supplemental application is true and that no material facts have been suppressed or misstated. The applicant understands and acknowledges that the information contained in the application is deemed material and that any policy issued by the Company is done so in reliance upon the truth of the applicant's representations. This applicant understands that incorrect information could void coverage.

Signature: _____ Date: _____

Printed Name: _____ Title/Position (Officer, Partner, etc): _____