



Ready-Mix Supplemental

7. Are there any fuel storage tanks and/or refueling stations for their own trucks located on site?
 - a. If so, provide the number and contents of each of the following:
 - i. Above-Ground Storage Tanks:
 - ii. Underground Storage Tanks:
 - iii. Drums:
 - iv. Totes:
 - b. Provide the construction of the tanks, as well as their age and size.
 - i. Above-Ground Storage Tanks:
 - ii. Underground Storage Tanks:
 - c. What secondary containment exists?

II. Clients

1. Who are the insured's customers?
 - a. Commercial/Industrial: _____%
 - b. Residential: _____%
2. List the insured's largest contracts (Name of Job and Sales Amount) over the past five-years:
 - d. _____
 - e. _____
 - f. _____
 - g. _____
 - h. _____



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III. Safety Procedures

1. What controls are in place to prevent or mitigate loss?
 - a. Does the insured limit general public/third-party access to its premises?
 - i. Describe controls:
 - b. How does the insured determine the ready-mix has the right texture, appearance, color, etc.?
 - i. Describe testing procedures:
2. How many batch plant managers does the insured have at each manufacturing facility and what are their responsibilities?
3. Does the insured have a vehicle maintenance and/or vehicle safety program?
 - a. Please provide copies of the written guidelines and MVR's for all insured drivers.
 - b. If MVR's cannot be provided prior to binding, please provide the ages, training, and experience levels of the insured's drivers.
4. Does the insured have an in-house vehicle repair shop? If not, provide name and insurance details of company used for vehicle repair/maintenance.



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IV. Coverages

1. Provide the deductible information on the current coverages:

a. GL: \$ _____

b. Auto Liability: \$ _____

c. Auto Physical Damage:

i. PPT/Light: \$ _____

ii. Medium: \$ _____

iii. Heavy/Ex-Heavy: \$ _____

2. Provide the desired deductible options:

a. GL: \$ _____

b. Auto Liability: \$ _____

c. Auto Physical Damage:

i. PPT/Light: \$ _____

ii. Medium: \$ _____

iii. Heavy/Ex-Heavy: \$ _____

V. Additional Underwriting Requirements

1. Please attach a copy of the insured's financials for the current and prior year.
2. Attach a description of the use of each insured location, the number of manufacturing plants, warehousing locations and if the insured has any dwelling/tenant exposures.
3. Attach a copy of the Table of Contents of the Insured's Safety Manual
4. Attach details on any claims larger than \$25,000.
5. Attach details on any open claims and the updated reserve amounts.