



BITUMINOUS INSURANCE COMPANIES TELEPHONE, TELEGRAPH OR CABLE TELEVISION LINE CONTRACTOR'S QUESTIONNAIRE

Applicant's Name: _____ Agent: _____

Description of operations; include percentage of work underground and aerial work: _____

	<u>YES</u>	<u>NO</u>
1) What locate service do you use to identify underground exposures? _____		
Do you keep records of calls and diary for re-locates? _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you use either still or video cameras to document locate lines prior to digging? _____	<input type="checkbox"/>	<input type="checkbox"/>
What additional steps do you use to avoid underground hazards? _____		

2) What type of traffic control do you use? _____		
3) How are your employees and equipment protected from overhead power lines? _____		

4) Does your operation require blasting? If yes, attach a separate questionnaire. _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you subcontract this operation? _____	<input type="checkbox"/>	<input type="checkbox"/>
5) Do you engage in demolition work? _____	<input type="checkbox"/>	<input type="checkbox"/>
Please describe: _____		

6) Do you provide 24-hour emergency repair service? _____	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many man hours during the last 12 months? _____		
7) Do you engage in the removal of any hazardous material such as lead paint or asbestos? _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you use subcontractors for this operation? _____	<input type="checkbox"/>	<input type="checkbox"/>
8) Has your company ever caused an interruption of utility service? _____	<input type="checkbox"/>	<input type="checkbox"/>
What utility? _____		
How long was the duration of the outage? (number of hours) _____		
What was the cause and cost of the loss? _____		

9) What type of trench collapse protection do you use? _____		
10) What type of training is provided to employees? _____		

11) Are applicants required to provide acceptable MVRs prior to hiring? _____	<input type="checkbox"/>	<input type="checkbox"/>
12) Are family members and employees allowed personal use of any vehicles? _____	<input type="checkbox"/>	<input type="checkbox"/>
Please describe: _____		

YES **NO**

13) Do you subcontract any part of the operation?

What operation? _____

Are subcontractors required to carry general liability and workers compensation limits equal to or higher than those you carry?

Are subcontractors required to provide a Certificate of Insurance?

Are the subcontractors required to sign a hold harmless agreement?

Are the subcontractors required to add you as an additional insured to their policy?

14) How is the equipment transported to the job site? _____

Is the equipment left at the job site during nonworking hours?

How is the equipment protected from fire and theft at the job site? _____

15) Do you belong to a professional association?

If so, which one? _____

16) Do you use the Internet?

If yes, in what way? _____

Do you have a web site? What is the address? _____

Please list current jobs, and those completed during the last 12 months.

Contract Name	Cost	Description of Job

Completed by