



BITUMINOUS INSURANCE COMPANIES UTILITY CONTRACTOR'S QUESTIONNAIRE

Applicant's Name: _____ Agent: _____

Description of operations: _____

	<u>YES</u>	<u>NO</u>
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? _____		

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

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"/>
Do you engage in demolition work?	<input type="checkbox"/>	<input type="checkbox"/>
Please describe: _____		

Do you provide 24-hour emergency repair service?	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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? _____		
What type of trench collapse protection do you use? _____		
What type of training is provided to employees? _____		

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