Featured Coverages:

- General Liability
- Commercial Auto
- Plant / Property
- Pollution Liability
- Workers Compensation
- Employment Practices / Professional...

UNIVERSAL RISK
INSURANCE SERVICES

INSURANCE NEWS

Universal Risk Insurance Services Newsletter

01/01/2020

Current Market Trends

Q: Are your Commercial Auto Rates Increasing Daily?
A: It is a fact that with more trucks on the road, drivers preoccupied with cell phones, cost of accident repairs increasing as technology continues to progress, commercial auto rates are skyrocketing. Many insurance carrier are pulling out of the market at an alarming rate.
We can help, give us a chance.

Q: Are you covered properly?
A: Many of our client are shocked to learn that after review of their insurance portfolio, they discover major gaps and that they are not insured properly exposing their business & assets. Let us provide you with our expert services and evaluations. Sleep good at night knowing that whatever happens, you are properly protected.

Q: Do you want to save money on insurance costs?
A: I know it's a no-brainer, but you would be surprised at how many people neglect their insurance portfolio, hoping it responds when needed. Don't wait, reach out today.

Alon Ben-Nun
Cell: 818-262-6138
E-Mail: Alon@urins.com

What's New?

Universal Risk Insurance Services is proud to offer a new specialty program specifically geared for Ready Mix Industry . Whether it's the Plant, Commercial Auto Fleet, Property, Liability, we have the coverage that fits your needs. With over 25 years of experienced relationships in the Ready Mix world, we know what your challenges are, and are here to make sure you are protected.

Visit us at www.readymixinsurance.com

TRAVELERS
Liberty Mutual INSURANCE
THE HARTFORD

"We can help you find solutions to your business needs. As the markets change, your business must adapt in order to stay ahead of the competition. Many of your peers are already taking advantage of our services, let us help you as well. We can protect your assets while saving you money .

-Alon Ben-Nun



UNIVERSAL RISK
INSURANCE SERVICES

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READY-MIX SUPPLEMENTAL APPLICATION

Named Insured: _____

Years of Business: _____ FEIN: _____ States in which you operate: _____

Loss Control Contact: _____
Phone Number: _____ Email Address: _____

Estimates For Next 12 Months: _____
Payroll $ _____ Sub-Contract Costs $ _____

Gross Receipts $ _____

1st Prior Year Gross Receipts $ _____
2nd Prior Year Gross Receipts $ _____
3rd Prior Year Gross Receipts $ _____
4th Prior Year Gross Receipts $ _____

Indicate what % of your operations are generated from each of the following (must total 100%)

- Ready Mix Concrete _____ %
- Volumetric Mixers _____ %
- Sand & Gravel Hauling _____ %
- Concrete Pumping _____ %
- Grading of Land _____ %
- Light Concrete Construction _____ %
  Describe: _____
- Sales of Building Materials _____ %
  Describe: _____
- Other _____ _____
  _____

Indicate what % of your operations are generated from each of the following (must total 100%)

- Urban/Inner City Environments _____ %
- Rural Environments _____ %

Indicate what % of your operations are generated from each of the following (must total 100%)

- Residential _____ %
- Commercial _____ %
- Industrial _____ %
- Government/Public Works _____ %

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

- Condominiums _____ %
- Residential Housing _____ %
- Tract Housing _____ %
- Apartments _____ %

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 Rebarring, Forms Setup & Underpinning..... YES ☐ NO ☐

If yes, please explain: _____

PROPERTY

Is all electrical equipment and wiring scheduled for periodic inspections by a qualified, licensed electrician?..... YES ☐ NO ☐

Are conveyor systems properly lubricated, maintained and in good condition?..... YES ☐ NO ☐

Is smoking permitted?..... YES ☐ NO ☐

Housekeeping?

☐ Above Average ☐ Average ☐ Below Average

Comments: _____

Distance to nearest fire department: _____ miles

Average response time: _____ minutes

What are the ages, types and conditions of the computers, including computerized control consoles in the batch plant? _____

GENERAL LIABILITY

Are there any public exposures?..... YES ☐ NO ☐

Are visitors allowed on the premises?..... YES ☐ NO ☐

Are the premises surrounded by perimeter fencing and lockable gates?..... YES ☐ NO ☐

Are no trespassing signs posted?..... YES ☐ NO ☐

Is a security service used or are the premises patrolled during off hours?..... YES ☐ NO ☐

What is the experience of the batch plant operator? _____

_____

Is there a quarry exposure?..... YES ☐ NO ☐

Is there a pit or water exposure on the premises?..... YES ☐ NO ☐
If yes, please explain: _____

Are there any worked out or abandoned pit exposures?..... YES ☐ NO ☐

Are any explosives used?..... YES ☐ NO ☐
If yes, who is responsible for blasting operations: _____

_____

Describe the quality control program in place: _____

_____

_____

AUTOMOBILE

Filings

Any statutory filings required?..... ☐ YES ☐ NO

Motor Carrier Number: _____

Exact Name & Address for Filings: _____

_____

Drivers

Are MVR's obtained before hiring?..... YES ☐ NO ☐

Are periodic MVR's obtained on all drivers?..... YES ☐ NO ☐
If yes, how often:

Are pre-employment physicals required?..... YES ☐ NO ☐

Are CDL's required when applicable?..... YES ☐ NO ☐

Is alcohol/drug testing required at time of hire?..... YES ☐ NO ☐

Are DOT files maintained on all drivers as required?..... YES ☐ NO ☐

Is there a driver training program?..... YES ☐ NO ☐

Is there a driver selection program in place with set standards?..... YES ☐ NO ☐

What are the company's guidelines for an acceptable driver?..... YES ☐ NO ☐
Explain: _____

_____

Total # of drivers: _____ Total # of drivers with your company for less than a year: _____

Are all drivers of heavy vehicles at least 25 years of age?..... YES ☐ NO ☐

Are union hall or temporary drivers utilized?..... YES ☐ NO ☐

What is the average number of years your employees have been employed by you? _____

What is your employee turnover rate? _____

Vehicle Maintenance

Is there a vehicle maintenance program in place?..... YES ☐ NO ☐

Are there daily inspections?..... YES ☐ NO ☐
If yes, how are they documented: _____

Do drivers operate the same vehicles every day?..... YES ☐ NO ☐

Are tires, brakes & steering inspected by a qualified mechanic?..... YES ☐ NO ☐
If yes, how often: _____

Vehicles/Vehicle Use

Are any vehicles insured elsewhere?..... YES ☐ NO ☐
If yes, please explain: _____

What is the normal radius of operations? _____ miles

Are all units less than 12 years old?..... YES ☐ NO ☐
If not, include inspection report for those units.

Is there a written company policy on personal use of vehicles?..... YES ☐ NO ☐
If yes, please describe: _____

_____

Do you allow vehicles to be taken home at night?..... YES ☐ NO ☐

Are any employees, officers, owners, etc. assigned a permanent vehicle for their own use?..... YES ☐ NO ☐
If yes, please explain: _____

_____

Are non-employees (spouse, children, friends, etc.) permitted to drive insured vehicles?..... YES ☐ NO ☐
If yes, please explain: _____

_____

_____

Are any vehicles used to transport the following?

- Hazardous, flammable, explosive commodities..... YES ☐ NO ☐
- Individuals other than employees..... YES ☐ NO ☐
- Oversized, overweight, or wide loads..... YES ☐ NO ☐
- Non-Owned trailers..... YES ☐ NO ☐
- Garbage, Refuse, Scrap, or Junk..... YES ☐ NO ☐

*Describe any "Yes" Response: _____

_____

Vehicle Storage

Describe where your vehicles are stored overnight: _____

_____

If they are stored in a building, what is the maximum number of vehicles that can be stored in your building(s)? _____

If vehicles are stored outside, how close are they parked to your building? _____

If they are stored outside, is the area fenced or otherwise protected during non-business hours?

_____

Are vehicles equipped with anti-theft or asset tracking equipment? YES ☐ NO ☐

If yes, please explain, _____

Safety Management

Do you have a formal, written Fleet Safety Program in place?..... YES ☐ NO ☐

If yes, include a copy of table of contents.

If no formal fleet safety program, describe any informal safety procedures or activities that are a regular part of you business operations: _____

_____

_____

Are safety meetings held on a regular basis?..... YES ☐ NO ☐

If yes, how often: _____

Do you have a dedicated Risk Manager in your organization?..... YES ☐ NO ☐

Are all heavy trucks equipped with backup alarms?..... YES ☐ NO ☐

Is a formal accident investigation/review procedure in place?..... YES ☐ NO ☐

If yes, please describe: _____

_____

_____

Is there a progressive discipline policy for drivers involved in multiple accidents/violations, etc.?..... YES ☐ NO ☐

Do you have any restrictions on the use of cell phones while driving company vehicles?..... YES ☐ NO ☐

If yes, please describe: _____

_____

Signature: _____ Date: _____

Owner

Email Address: _____

ACORD™ COMMERCIAL AUTO DRIVER INFORMATION SCHEDULE

DATE

PRODUCER

PHONE (A/C, No, Ext):

FAX (A/C, No):

APPLICANT (First Named Insured)

FOR COMPANY USE ONLY

CODE:

SUB CODE:

AGENCY CUSTOMER ID:

DRIVER INFORMATION

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME (Include address, if required)	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE

UNIVERSAL RISK
INSURANCE SERVICES

Client Name: _____

Case Number: _____

COMMERCIAL VEHICLE LIST

Fleet No.	Year	Make	Vehicle VIN	License Plate	State Registered	Boom Tow Flatbed	Truck Value Pump Value

14011 Ventura Blvd. Suite 224W, Sherman Oaks CA 91423
TEL (818) 403-3200 FAX (818) 475-1576
alon@urins.com
License 0L82745

Concrete Workers Compensation Supplemental Application

Applicant Information (Complete and attach to ACORD application with current & 3 prior years loss runs and experience mod worksheet)		
Applicant Name:		Number of Employees: _____
Percentage of concrete pumping work compared to total receipts?	FEIN#: _____	Current Insurer?

General Underwriting Information (Explain all "Yes" Responses, attach separate sheet if necessary.)	**YES**	**NO**
Has applicant failed to maintain continuous Workers Compensation insurance or been cancelled or non renewed in the last three years?		
Any of the following operations: **Blasting, Dam Work, Bridge or Cofferdam Work, Work performed from a Boat or Barge, Underground Pumping, Tunneling or Subway Construction Work, Demolition or Wrecking?**		
Has applicant failed to comply with any OSHA regulations and standards for construction including fall protection?		
Is this a union contractor?		

Account Exposures (Does the applicant perform any of the following activities? Explain any yes responses.)			
Any work below grade?	☐ Yes ☐ No	Use of heavy equipment (other than concrete pumpers)?	☐ Yes ☐ No
If so, does a confined space entry program exist?	☐ Yes ☐ No	Equipment Rental with Operators?	☐ Yes ☐ No
If so, are trench boxes or other shoring used?	☐ Yes ☐ No	Are cranes owed or operated?	☐ Yes ☐ No
Any work over 15 feet from ground or nearest surface?	☐ Yes ☐ No	Placing booms above 3 stories?	☐ Yes ☐ No
If so, is proper staging and fall protection used?	☐ Yes ☐ No	If leased or temporary employees are used, is WC coverage provided by the leasing company?	☐ Yes ☐ No
Is personal protective equipment in use including hard hats, respirators and safety vests?	☐ Yes ☐ No	Are certificates of insurance obtained from subcontractors?	☐ Yes ☐ No
Do Loss Prevention Activities Include:			
A written safety policy and goals?	☐ Yes ☐ No	A designated safety coordinator?	☐ Yes ☐ No
Safety and training programs?	☐ Yes ☐ No	A formal accident review and investigation program?	☐ Yes ☐ No
A written drug and alcohol policy?	☐ Yes ☐ No	Employee participation in safety, inspection and Safety Committees?	☐ Yes ☐ No
A vehicle safety program for drivers, vehicles and mobile equipment?	☐ Yes ☐ No	Pre-employment physical, physical agility tests and periodic random drug testing?	☐ Yes ☐ No
Do Claim Management Activities Include:			
Prompt reporting of all employee injuries?	☐ Yes ☐ No	Established transitional duty/light duty program for injured workers?	☐ Yes ☐ No
Designated employee to coordinate all claim management activities?	☐ Yes ☐ No	Maintain contact with injured worker and insurer's panel of physicians?	☐ Yes ☐ No

Renewal Experience Mod: _____ **Renewal Payroll:** _____

Year	**Premium**	**Total Payroll**	**Exp. Mod.**	**# Claims**	**# Lost Time**	**# Open**	**Total**
Current							
1st Prior							
2nd Prior							
3rd Prior							
4th Prior							