

			ADES (CLEANI INSULATION, M			BUILDING, FENCE & WELDING)	Date				
Producer:					Insured Name	e and Mailing Address:	<u> </u>				
					Website Addr	ess					
Code Subcode			Subcode		Effective Date		Policy/Account Nu	Policy/Account Number			
					1	1	1				
YES	NO										
		1.	Years in business?		_						
		2.	If new venture, years	s in trade?							
		3.	States operating in?	s operating in?							
		4.	4. Multiple Named Insured's? If multiple Named Insured's, explain operations for each:								
5. Annual Payroll: \$											
		6.	Annual Receipts:	\$							
7. Annual subcontracted costs: \$											
		8.	Type of work subcontracted, if any?								
		9.	If subcontracted labor, is there a written agreement in place?								
		10. Do you have a formal recordkeeping procedure to maintain copies of all contracts and certificates of i at least the statute of repose?									
If more than \$200,000 in annual subcontracted costs, please submit copy of subcontractor as								eement.			
			Work as a General (? %							
			Residential	New	%	Service, Repair, Remodel	%				
			Commercial	New	%	Service, Repair, Remodel	%				
			Industrial	New	%	Service, Repair, Remodel	%				
			Municipality	New	%	Service, Repair, Remodel	%				
Only answer section specific to your operations											
		11.	CLEANING OUTSIDE OF BUILDINGS								
			Are barricades or other measures used to keep public from jobsite?								
			Do you use chemical, acids, or toxins? If yes, please explain:								
	☐ Do you also clean roofs?										
			What is the maximum	m height?							
				-							

YES	NO										
			Services Perform	ned:							
			Aircraft			Tanks or Silos					
			Exterior of Buildin	ıgs		Decks					
			Watercraft			Walkways/Drive	eways				
		12.	FENCE ERECTION	ON:							
			Are utilities marke	ed ahead	of digging?						
			Please indicate th	ne type of	f fencing you ins	stall:					
		13.	INSULATION:								
			Any insulation removal? If yes, indicate disposal procedures:								
			Any past, present, or future work involving Direct Applied Exterior Finishing Systems (DEFS) or Exterior Finishing Systems (EIFS)?								
			Any past, present, or future work on condos, townhomes, or tract housing?								
	Any torch work or welding?										
			Rigid Board Insula	ation		Spray Foam					
	Fiberglass/Mineral					Roof Foam					
			Cellulose Insulation	on							
		14.	METAL ERECTION	ON:							
			How many buildings do you build annually? Less than 2 stories? Greater than 2 stories?								
			Do you own, rent, or subcontract any crane work? If yes, please describe:								
			Any past, present	, or futur	e work on condo	os, townhomes,	or tract	housing?			
			Indicate type of metal erection work performed:								
			Structural	%	Non-Structura	al %)				
			Decorative		Railings						
			Homes		Retail						
			Warehouses		Bleachers						
			Prison Cells		Staircases						
			Balconies		Apartments	s 🗌					
			Offices		Silos/Tank	s 🗌					
			Grandstands								
			Do you perform offsite welding?								
			If yes, do you have a fire watch program?								

YES	NO								
		Do you supply your steel from foreign suppliers?							
		Do you build according to client's specs?							
		AUTO EXPOSURES:							
		Fleet Safety and Maintenance Program		MVR ordered at hire/annual					
		Distracted Driving Policy		MVR Driver Acceptability Criteria					
		Vehicle Personal Use Policy		Telematics					
		How many drivers have a CDL?							
		WORKERS' COMPENSATION:							
		What is your annual turnover?	_ %						
		Do you have a formal Safety Program in place?							
		Do you have and practice a fall protection program?							
		Do you have a return-to-work program?							
		Any OSHA violations in the past?							