

USA Telecom Insurance Services LLC

854 Washington St NW
Suite 200
Gainesville, GA 30501



Risk Profile

Company Information

Legal Company Name	Date
Name (Last, first, middle initial)	FEIN #
Street address, City, ST, ZIP Code	Fax Number
Primary phone number Other phone number	Email address
Website	
Loss Control Contact	Phone Number

Description of Operations:

Type of Organization:

LLC Inc. LP JV

Date organization started: _____ Years of experience in field: _____

State of incorporation: _____ Number of employees: _____

Is this a subsidiary of another company? Yes No

Who are your 5 main customers? (Ex: AT&T, Verizon, Crown Castle, etc.)

Do you do any work for Crown Castle? Yes No

Please list Owners:

Name	Title	DOB	Ownership %
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are owners/ officers included on the Workers Compensation policy? Yes No

Payroll Estimates

Provide the gross annual payroll for the work/ services provided:

Depending on state

Description	Payrolls (Direct Employees)	Subcontracted Cost	GL Class Code <u>Official use only</u>	WC Class Code <u>Official use only</u>
L&A Installation, Service or Repair, Electrical (Groundwork), Rooftop Work, Lighting Install/Repair, Generators- install or service, Small Cell work, DAS			91551	7600
Tower Modification (structural), Tower Erection			99613	5040
Tower Modification (Non Structural), New Landscape, Engineers (Consulting, Job Site work)			99613	7600
Concrete-Flatwork			99613	5221
Concrete-Foundation (Not in Program)			91560	5213
Landscape Maintenance			97050	7600
Grading (New Construction), Excavation			99613	6217
Grading (Existing Site)			95410	6217
Painting-Exterior Structure			98303	5037
Conduit- (Separate from drilling/ boring)			91577	6325
Caisson (Not in Program)			91577	6252
Drilling or Boring			91577	6204
Engineers-Licensed (Office Only-No Jobsite)			N/A	8810
Executive Supervisor (No Jobsite)			91580	5606
Outside Sales			N/A	8742

Description	Payrolls (Direct Employees)	Subcontracted Cost	GL Class Code <u>Official use only</u>	WC Class Code <u>Official use only</u>
Fence Erection			99613	6400
Cable Pulling- Separate from Drilling/ Boring			91302	7600
Contractors Permanent Yard & Warehouse (Permanent Yard - Storage of materials at a permanent site away from the jobsite. Storage facilities operated at a jobsite are assigned to the governing class.			91590 Or Governing Class	8227 Or Governing Class
HVAC			95648	3724
Tower Existence- Hazard Only			49305	N/A
Clerical- Office Employees			N/A	8810
Insured Sub Costs			91587	N/A
Other				

**** Accurate payrolls must be kept. Payrolls CANNOT be kept by percentages. Payrolls on ACORD Applications must match totals above.****

Estimated annual revenues: \$ _____

Previous year end annual revenue: \$ _____

Professional Liability Exposure:

- Yes No Do you employ architects and/ or engineers?
- Yes No Do you design towers?
- Yes No Do engineers stamp plans?
- Yes No Do engineers map systems/ paths only?

Exposure Analysis:

What percentage of work is at heights? _____%

What percentage of work is on broadcast towers? _____%

Are you doing any "RePack" work? _____

What is the maximum height? _____ FT. Percentage of Work _____%

What is the average height? _____ FT. Percentage of Work _____%

Total revenue of work completed within 50ft. of railroad right of way? \$ _____

Yes No Do you maintain/service generators or replace batteries that would require Pollution coverage?

Yes No Are there any operations outside the normal operations of telecommunications?

If Yes, provide details _____

States in which you principally operate:

If working in NY, what percentage will be in the 5 Boroughs? _____%

If working in IL, what percentage will be in Cook County? _____%

Are you working outside of the USA? If yes, list countries. _____

Do you need Foreign Travel Coverage? (WC, Auto, GL, etc.) Yes No

Show approximate percentage of work by state:

**Please provide unemployment number for: NJ, UT, RI, MN, ME & CO: _____

State	%	State	%
Alabama		Montana	
Alaska		Nebraska	
Arizona		Nevada	
Arkansas		New Hampshire	
California		New Jersey **	
Colorado **		New Mexico	
Connecticut		New York	
Delaware		North Carolina	
District of Columbia		North Dakota	
Florida		Ohio	
Georgia		Oklahoma	
Hawaii		Oregon	
Idaho		Pennsylvania	
Illinois		Rhode Island **	
Indiana		South Carolina	
Iowa		South Dakota	
Kansas		Tennessee	
Kentucky		Texas	
Louisiana		Utah **	
Maine **		Vermont	
Maryland		Virginia	
Massachusetts		Washington	
Michigan		West Virginia	
Minnesota **		Wisconsin	
Mississippi		Wyoming	
Missouri		TOTAL:	100%

Fiber/ Utility/ Drilling/ Boring Exposure:

Type of machinery used:

How deep are you drilling/ boring? _____ Ft.

How many years of experience does the operator have? _____ (Months or Years)

Percentage of revenue generated from this operation. _____%

Drilling Annual Payroll: \$_____

Are you pulling cables and laying conduit? Yes No

Are you drilling/ boring? Yes No

If yes, are you boring under roads? Yes No

Are you boring under railroads? Yes No

Do you use an outside company to mark utilities? Yes No

Do you have an in house procedure for marking utilities? Yes No

If yes, explain: _____

Subcontractor Exposure:

What is the total percentage and cost of annual work subcontracted (material & labor)? % _____
\$ _____

Describe the work performed by your subcontractor: _____

Please check if any apply to your subcontractor agreement:

- Do you have a standard hold harmless agreement?
- Do you require your company to be included as additional insured?
- Is the subcontractor's insurance considered primary?
- Do you require a waiver of subrogation?
- Do you obtain a valid certificate of insurance as a requirement for payment?
- Do you complete field safety and health audits?

Minimum limit of coverage that you require of your subcontractors:

General Liability \$ _____ occurrence limit (\$1 million is typical)
Auto Liability \$ _____ occurrence limit (\$1 million is typical)
Employers Liability \$ _____ occurrence limit (\$1 million is typical)

Vehicle Analysis:

Please check if you can answer **yes** for your company.

- Do the owners have a personal auto policy?
- Do you obtain MVR's on drivers? If yes, how often? ____ years.
How many violation are permitted? _____
- Do vehicles have permanently installed GPS?
- Do you rent/ lease vehicles?
- Do you have any rented vehicles over the value of \$50,000?
- Do you have a scheduled vehicle maintenance program?
- Do you have a scheduled vehicle with a salvaged title?
- Is personal use of the company vehicle permitted?
- Do you have a fleet safety program?
- Do you have a cell phone/ texting/ electronic device policy in place?
- Do employees use personal vehicles for business purposes?
- Are you required to carry cargo coverages?
- Do you have a DOT number? If yes, DOT # and state: _____

Classroom training your company requires:

*Please check the training you require.

- Train the Trainer Certification
- Authorized Climber
- Authorized Rescuer
- Competent Climber
- Competent Rescuer
- Annual Rescue Training
- RF/ EME Awareness Training
- Hazard Communications
- Crane Spotter & Signal Person
- Basic Rigging
- Health Safety and Environmental General Training
- Capstan Hoist
- OSHA 10
- OSHA 30

Additional Certifications you require: _____

Specialized Work:

- Yes No Gin Pole
- Yes No Basic Mounted Hoist

Property:

**** All ACORD Applications must be completed for all locations. All conditions must be included by COPE (Construction, Occupancy, Protection, Exposures) Information.**

Crane/ Equipment/ Installation Exposures:

- Yes No Do you lease cranes?
- Yes No Do you lease cranes with an operator?
- Yes No Do you provide certified riggers for working with the crane?
- Yes No Do you provide certified and trained crane spotter and signal personnel?
- Yes No Do you use multiple crane/ tandem lifts?
Average value "on hook"? _____
Revenue from rigging operations? _____
- Yes No Do you lease your equipment to others?
- Yes No Do you lease equipment valued over \$100,000?
- Yes No Do you have equipment with previous water/wind damage?
- Yes No Do you store materials of others at your location?
If yes, what is the maximum value you have at one time? _____

What are your annual expenditures for rented equipment? \$ _____
What are your annual installation revenues? \$ _____

Human Resources, Safety Management & Industry Involvement:

Please check if **applies** to your company:

- Pre-Employment physical
- Pre-Employment drug test
- Random employee drug test
- Post-Accident drug test
- Employee handbook
- Are referenced checked upon hire?
- Are you a member of NATE?
- Are you a member of another association? If yes, please list: _____

Safety Personnel:

Number of full time safety personnel: _____ Number of part time safety personnel: _____

How often do you have field safety audits? _____

Submission Checklist

- Completed Risk Profile
- ACORD Applications
 - Vehicles & Trailers (year, make, model, VIN)
 - Drivers List (full name, date of birth, license number, state of license)
 - List of equipment valued over 5k (description, serial number, actual cash value)
- Resume of one key personnel (owner or safety manager)
- Claim history- 3-5 years (if less, provide number of years in business)
- Current Experience Mod worksheet & mod history
- Copy of Drug Free Certificate (if applicable)
- Copy of Subcontractor Agreement (if applicable)
- Copy of employee handbook
- Complete loss ratio spreadsheet including all premiums and claims
- Signed Producer Agreement
- 3 year MVR on all drivers
- If you are an Allianz appointed agent please check box

Signature:

Date: