

SignagePro[®] Supplemental Application

Risk: _____ Producer Name: _____
 DBA: _____ Producer Email: _____
 Location Address: _____ Producer Phone: _____
 City/State/Zip: _____
 Risk Website: _____

GENERAL INFORMATION

Are you independently owned or part of a franchise operation? Owned Franchise operation

Mix of business Commercial _____ % (retail, offices)
 Industrial _____ % (manufacturing etc.)

Total number of employees _____
 Number of Full-time _____
 Number of Part-time _____

Total Annual Payroll \$ _____

Total Annual Gross Receipts \$ _____

Total Annual Subcontractor Cost \$ _____

DESCRIPTION OF OPERATIONS

Provide a thorough description of the risk's operations below:

1. The risk is categorized as what type of sign shop? **Check all that apply**

- | | | |
|---|---|--|
| <input type="checkbox"/> Commercial Sign Shop
(Produce a broad range of signs from banners to small electric signs) | <input type="checkbox"/> Quick Sign Shops
(Produce only vinyl signs and lettering with an emphasis on fast turnaround) | <input type="checkbox"/> Full Service Shops
(Produce and Service electric signs) |
| <input type="checkbox"/> Outdoor Advertising
(Specialize in the creation and installation of billboards and large roadside bulletins) | <input type="checkbox"/> Specialty Shops
(Niche market - specializing in architectural signs, vehicle lettering or banners) | |

2. Does the risk perform any of the following sign work? **Check all that apply**

- | | | |
|---|--|--|
| <input type="checkbox"/> Architectural Signs | <input type="checkbox"/> Banners | <input type="checkbox"/> Dimensional Signs |
| <input type="checkbox"/> Electric Signs | <input type="checkbox"/> Flat Surface | <input type="checkbox"/> Individual Letters |
| <input type="checkbox"/> Building Maintenance | <input type="checkbox"/> Neon | <input type="checkbox"/> Outdoor Advertising |
| <input type="checkbox"/> Screen Printing | <input type="checkbox"/> Vehicle Lettering | |

3. Please provide an estimated breakdown based on the type of signs erection jobs/customers:

Commercial/Retail	_____	%
Industrial/Manufacturing	_____	%
Streets/Roads/Bridges	_____	%
Other	_____	%
TOTAL:	_____	100%

If other, please describe:

4. Type of sign installation work performed:

Sign Installation of Electric Signs (attached to buildings)	_____	%
Sign Installation of Electric Signs (Not attached to buildings)	_____	%
Sign Installation of Non-Electric Signs (Painted, Vinyl, etc.)	_____	%
Erection of signs attached to building/structures:	_____	%
TOTAL:	_____	100%

5. Sign heights worked on for installing & servicing (Estimate percentage of each)

Ground level to 15 feet	_____	%
16 ft to 24 ft	_____	%
25 ft to 35 ft	_____	%
36 ft to 50 ft	_____	%
51 ft to 80 ft	_____	%
81 ft and Over	_____	%

6. Maximum height of signs attached to buildings: _____ Average height: _____

7. Percentage of annual receipts involving work above 3 stories? _____% 6 stories? _____%

8. Maximum value of signs: _____ Average value: _____

9. Please check if you are responsible for any of the following operations:

- Pole Erection Yes No
- Excavation Yes No
- Concrete/Masonry Work Yes No
- Electrical Work Yes No
- Sign Manufacturing Yes No
- Fabrication Work Yes No

10. For any pole erection, excavation, concrete/masonry and/or electrical work, are the applicable utility companies contacted prior to start of job? Yes No

11. Number of equipment operators: _____

EXPOSURES AND CONTROLS

General Liability

1. Have you ever been cited for any OSHA violations in the last three years? Yes No
 ▪ **If yes**, please explain:

2. Do you have a documented loss control or safety program? Yes No
 ▪ **If yes**, please describe:

3. Do you hire subcontractors? Yes No
 Percentage of work Subcontracted _____%
If yes, list the types of work subcontracted out to others:

4. Does the insured own or lease cranes? own lease
 ▪ **If yes, NIP Crane Supplemental Application must be completed.**

5. Do you maintain records on all service and repair of your equipment? Yes No
 ▪ **If yes**, for how many years? _____

6. Is a standard equipment inspection checklist form used? Yes No
7. Who is responsible for equipment maintenance and repair? _____
8. Does the insured cordon off of the work area and alert the public of its operations when mounting/installing signs? Yes No
- **If yes**, please describe controls:
-

Commercial Auto

Driver Selection

1. Are MVR's obtained on all drivers before they are allowed to drive? Yes No
- **If yes**, by whom?
2. Are MVRs obtained annually on all drivers? Yes No
- **If yes**, by who?
3. Do you have a zero tolerance policy for drug and alcohol offenses? Yes No

Inland Marine

1. What security measures have been taken to prevent possible vandalism or theft of cranes or manlifts?
-
-
-

2. What measures are employed to protect off-site sign fixtures from possible vandalism?
-
-
-

3. Billboards that are situated closer to the ground have "No Trespassing" signs posted nearby or somewhere on the sign fixture itself? Yes No
4. Do billboard fixtures have uni-pole construction whenever possible with fixed ladders starting 12' or more off the ground to discourage trespassers from climbing on them? Yes No
5. Are repairs made to customers' signs on the insured's premises? Yes No
- **If yes**, how long are they kept on the premises and how are they safeguarded?
-
-
-

7. If the insured hauls sign fixtures to off-site locations for setup, who is responsible for loading and unloading them?

8. What type of equipment is used to transport the signs?

9. Are sign fixtures properly secured before being transported?

Yes No

▪ **If yes**, please explain how they are secured for transport:

Producer's Signature

Date

Applicant's Signature

Date
