

Entity Name:	Effective Date:
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<u>STREETS / ROADS / BRIDGES</u>		
1. Describe the following:	Miles of paved road:	Miles of unpaved road:
2. Is there a regular maintenance program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are written records kept?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are road signs inspected for missing and visibility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are barricades and warning signs used at worksites?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Who performs the following function:		
a. Street cleaning and dusting?	<input type="checkbox"/> Entity	<input type="checkbox"/> Contractor
b. Cutting grass or weeds, planting, pruning / removal of trees, removing brush, spraying and fumigating?	<input type="checkbox"/> Entity	<input type="checkbox"/> Contractor
c. Gravel spreading?	<input type="checkbox"/> Entity	<input type="checkbox"/> Contractor
d. Erecting, maintaining or removing guide rails and posts, road markers, or signs?	<input type="checkbox"/> Entity	<input type="checkbox"/> Contractor
e. Paving or repaving, surfacing or resurfacing?	<input type="checkbox"/> Entity	<input type="checkbox"/> Contractor
f. Snow removal?	<input type="checkbox"/> Entity	<input type="checkbox"/> Contractor
g. Installation and maintenance of traffic lights?	<input type="checkbox"/> Entity	<input type="checkbox"/> Contractor
h. Erecting and maintaining light poles?	<input type="checkbox"/> Entity	<input type="checkbox"/> Contractor
i. New road construction?	<input type="checkbox"/> Entity	<input type="checkbox"/> Contractor
7. Complete the following for subcontracted exposures:		
Are subcontractors required to carry limits of insurance at least equal to yours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are certificates of insurance obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are hold harmless agreements required from subcontractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you named as additional insured under the subcontractors policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Bridges:	
8. Number of bridges owned or maintained?	_____
9. Any bridge construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
10. Are all bridges posted for size and weight limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Number of one lane bridges?	Are warnings posted? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Number of drawbridges?	Are warnings posted? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Number of toll bridges?	
14. Describe bridge inspection procedures:	
15. Have any bridges not passed inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are warnings and barriers posted and maintained for all closed or condemned bridges?	<input type="checkbox"/> Yes <input type="checkbox"/> No