



**SUPPLEMENTAL QUESTIONNAIRE**

Full Company Name \_\_\_\_\_ Years in Business \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Business Tel# \_\_\_\_\_ Fax# \_\_\_\_\_ Cell# \_\_\_\_\_  
 Email Address \_\_\_\_\_ Web Site \_\_\_\_\_  
 FEIN# \_\_\_\_\_ Estimated Annual Sales \_\_\_\_\_ # of Employees \_\_\_\_\_  
 Association Memberships: NAPSA \_\_\_\_\_ NPCA \_\_\_\_\_ NAPA \_\_\_\_\_  
 Other Association Memberships or Certifications: \_\_\_\_\_

**OPERATIONS**

Indicate Work Below By %      Where This Work Is Performed by % -Total Across Must =100%

Work Performed:		Parking Lots	Drive Ways	Local Roads	State HWY	Interstate HWY	Construction Sites	New Residential
Sweeping	%							
Line Painting	%							
Seal Coating	%							
Paving *	%							
Porter Service	%							
Power Washing	%							
Snow Removal	%							
Landscaping	%							
Other:	%							
<b>Total must</b>	<b>100%</b>							

\*For Pavers only: Do you work at residential developments? If yes, what is percentage of work? \_\_\_\_\_

<i>Do Any of the Following Apply?</i>	Yes	No
New Street or Road Construction with Excavation		
Airport runway maintenance		
Sub-contract work to others		
State / Interstate Highway If Yes, please attach written safety procedure or List State Requirement ( e.g. DOT)		

Explain any "Yes" answers here: \_\_\_\_\_  
 \_\_\_\_\_

**AUTOMOBILE**

Total # of drivers: \_\_\_\_\_ Are MVR's runs on all new hires? Yes \_\_\_ No \_\_\_

Describe qualification/training of equipment operators/drivers: \_\_\_\_\_  
 \_\_\_\_\_

What do you consider to be an Acceptable Driver? \_\_\_\_\_  
 \_\_\_\_\_

Do you rent or lease equipment to others? If Yes, Please provide detail \_\_\_\_\_  
 \_\_\_\_\_

Is there a Lay-Up Period for vehicles? Yes \_\_\_ No \_\_\_ If yes, identify these units on the Auto Acord Application.

Lay-Up Period from: \_\_\_\_\_ to \_\_\_\_\_

Where are vehicles stored when not in use?

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Are units storage area fenced? Yes \_\_\_ No \_\_\_ Are units stored in a garage? Yes \_\_\_ No \_\_\_

Is storage area alarmed? Central Station Alarm Yes \_\_\_ No \_\_\_ Video Surveillance Yes \_\_\_ No \_\_\_

Is GPS tracking system used? Yes \_\_\_ No \_\_\_ System type Model: \_\_\_\_\_

Identify vehicles equipped with GPS: \_\_\_\_\_

**FUEL STORAGE:**

	Yes	No
Is fuel stored on your premises?		
Are tanks EPA certified		
Are there below-ground tanks? #: _____ Size _____ Age _____		
Are there above-ground tanks? #: _____ Size _____ Age _____		
Do tanks and pumps have vehicle protection barriers?		

**SAFETY**

Who Supervises Job Sites? \_\_\_\_\_

How often/duration of time of supervision \_\_\_\_\_

Is there a drug and alcohol-testing program? Yes \_\_\_ No \_\_\_ If Yes, describe when tests are conducted: \_\_\_\_\_

Action taken when test is positive: \_\_\_\_\_

Is there a written Safety Program? Yes \_\_\_ No \_\_\_ If Yes, please attach copy

Is there a Safety Incentive program? Yes \_\_\_ No \_\_\_, If yes, please provide details \_\_\_\_\_

Is there a written maintenance schedule and log for autos and mobile equipment? Yes \_\_\_ No \_\_\_

Is any welding done on premises? Yes \_\_\_ No \_\_\_ If Yes, describe safety practices in detail: \_\_\_\_\_

Are vehicle repairs or bodywork done on premises? Yes \_\_\_ No \_\_\_

Indicate Any Additional Information About Your Company: \_\_\_\_\_

Applicant Company Officer/ Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

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[www.cleanstreetsins.com](http://www.cleanstreetsins.com)

