

Payroll Estimates

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

Description	*Accurate payrolls must be kept. Payrolls cannot be kept by percentages.*	Direct Employee Payroll \$	GL Class Code	WC Class Code
Cable/Fiber Pulling (Separate from Drilling/ Boring)		\$	91302	7600
Caisson		\$	91577	6252
Clerical - Office Employees		\$	N/A	8810
Concrete - Flatwork		\$	99613	5221
Concrete - Foundation		\$	91560	5213
Conduit (Separate from drilling/ boring)		\$	91577	6325
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
Drilling or Boring		\$	91577	6204
Engineers-Licensed (Office Only-No Jobsite)		\$	N/A	8810
Executive Supervisor (No Jobsite)		\$	91580	5606
Fence Erection		\$	99613	6400
Grading (Existing Site)		\$	95410	6217
Grading (New Construction), Excavation		\$	99613	6217
HVAC		\$	95648	3724
Insured Subcontractor Costs		\$	91587	N/A
Antenna and Line Installation, Service or Repair, Electrical (Groundwork), Rooftop Work, Lighting Install/Repair, Generators (Install or Service), Small Cell Work, DAS		\$	91551	7600
Landscape Maintenance		\$	97050	7600
Outside Sales		\$	N/A	8742
Painting-Exterior Structure		\$	98303	5037
Tower Existence - Hazard Only		\$	49305	N/A
Tower Modification (Non Structural), New Landscape, Engineers (Consulting, Job Site work)		\$	99613	7600
Tower Modification (structural), Tower Erection		\$	99613	5040
Other		\$		

Estimated annual revenue: \$ _____ Previous year end annual revenue: \$ _____

Subcontractor Exposure

What is the total percentage of annual work subcontracted (material and labor)? _____% What is the total cost? _____
 Describe the type of work subcontracted: _____

The following questions apply to your subcontractor requirements:

- Do you have a standard hold harmless agreement? Yes No
- Do you require your company to be included as additional insured? Yes No
- Is the subcontractor's insurance considered primary? Yes No
- Do you require a waiver of subrogation? Yes No
- Do you perform field safety and health audits on your subcontractors? Yes No
- Do you require at least \$1M per occurrence of General Liability? Yes No
- Do you require at least \$1M per occurrence of Auto Liability? Yes No
- Do you require at least \$1M per occurrence of Employers Liability? Yes No

Professional Liability Exposure

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

Fiber/Utility/Drilling/Boring Exposure

Are you drilling/boring? Yes No
 Are you boring under railroads? Yes No
 Type of machinery used: _____
 How many years of experience does the operator have? _____
 Drilling Annual Payroll \$: _____
 Do you have an in-house procedure for marking utilities? Yes No

Are you boring under roads? Yes No
 Are you pulling cables and laying conduit? Yes No
 How deep are you drilling/boring (ft.)? _____
 Percentage of revenue generated from this operation: _____
 Do you use an outside company to mark utilities? Yes No
 If yes, please explain: _____

Vehicle Analysis

Do the owners have a personal auto policy? Yes No
 Do you obtain MVR's on drivers? Yes No If yes, how often? _____
 Do all vehicles have permanently installed GPS? Yes No
 Do you rent/lease vehicles? Yes No
 Do you have any rented vehicles over the value of \$50,000? Yes No
 Do you have a scheduled vehicle maintenance program? Yes No
 Do you have a scheduled vehicle with a salvaged title? Yes No
 Is personal use of the company vehicle permitted? Yes No
 Do you have a fleet safety program? Yes No
 Do you have a cell phone/texting/electronic device policy in place? Yes No
 Do employees use personal vehicles for business purposes? Yes No
 Are you required to carry cargo coverages? Yes No
 Do you have a DOT number? Yes No If yes, DOT # and state: _____
 What are your annual expenditures for vehicle rentals? \$ _____

Training Provided

Authorized Climber/Rescuer Yes No Competent Climber/Rescuer Yes No Annual Refresher Training Yes No
 RF/EME Awareness Training Yes No Hazard Communications Yes No Capstan Hoist Yes No
 Crane spotter/signal person Yes No Basic Rigging Yes No OSHA 10/30 (as required) Yes No
 General Health, Safety and Environmental Training Yes No
 Additional training provided: _____

Crane/Equipment/Installation Exposures

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? Yes No Average value "on hook"? _____ Revenue from rigging operations? _____
 Do you lease your equipment to others? Yes No
 Do you lease/rent equipment from others? Yes No If yes, what is the maximum value: _____
 What are your annual expenditures for rented equipment? \$ _____ What are your annual Installation revenues? \$ _____

Human Resources, Safety Management & Industry Involvement

Do you require pre-employment physical? Yes No
 Do you require pre-employment drug testing? Yes No
 Do you perform random employee drug testing? Yes No
 Do you require post-accident drug testing? Yes No
 Do you require/provide sexual harassment training? Yes No
 Do you require/provide cyber security training? Yes No
 Do you have an employee handbook? Yes No
 Do you have a safety manual? Yes No
 Do you have a fleet safety policy? Yes No
 Are you a member of NATE (Communications Infrastructure Contractors Association)? Yes No
 Are you a member of any other industry associations? Yes No If yes, please list: _____
 How many full-time safety personnel do you employ? _____ Part-time? _____
 How often are field safety audits performed? _____

Property

Physical address: _____
 Leased or Owned _____ Square footage _____ Year Built _____ Construction Type _____
 Estimated contents limit _____ Does the location have a sprinkler system? Yes No
 Any updates to roof/HVAC/Plumbing (or last year completed) _____
 Do you store materials of others at your location? Yes No If yes, what is the maximum value you have at one time? _____

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If more than 3 locations please provide a spreadsheet.

Additional Documents Needed

- Subcontractor Agreements:
 Sample agreement
 Recently executed agreement
 Fleet Safety Policy
 Safety Manual
 Employee Handbook

Signature Details

Name: _____ Title: _____ Date: _____