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Telecom Risk Profile

Company Information

Date	te Legal Company Name					FEIN		
Name		Phone N	Phone Number			Email Address		
Street Address		City State Zi		Zip Code		Website		
Company Type:	○ LLC ○ Corp ○ Limited	Partnership 🔿 Joint Vent	ture		Is this a s	subsidiary of anothe	er company? 🔿 Yes 🔿 No	
Date organization started: Years		rs of experience in field:	of experience in field: State of incorporatio		n:	Number of employees:		
Do you have any othe	er entities? 🔿 Yes 🔿 No	If Yes please list:						
Please list Owners:						%	Included on WC Policy?	
Name		Title			DOB	Ownership %	○ Yes ○ No	
Name		Title			DOB	Ownership %	○ Yes ○ No	
Name		Title			DOB	Ownership		
Who are your 5 main	customers?	1				2		
3		4				5		
Does your organizatio	on do any work for Crown C	astle? 🔿 Yes 🔿 No						
Exposure Analysi	S							
Total revenue of work	vork is at height? < completed within 50ft. of vork is on Broadcast Towers	railroad right of way?			What is	the Average Heigh	t?	
Do you maintain/serv Do you utilize drones	ice generators or replace ba ? ○ Yes ○ No ons outside of telecommun) ○ Yes ○ No	atteries that would requir	e Pollution c	-			itions, manufacturing,	

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? \bigcirc Yes \bigcirc No $\:$ If Yes, list countries: _

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

Show approximate percentage of work by state. MUST TOTAL 100%



Payroll Estimates

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

	*Accurate payrolls must be kept.	Direct Employee	GL Class	WC Class
Description	Payrolls cannot be kept by percentages.*	Payroll \$	Code	Code
Cable/Fiber Pulling (Separate from Drilling/ Bo	ring)	\$	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 (Per	rmanent Yard – Storage of materials at a	\$	91590	8227
permanent site away from the jobsite. Storage	facilities operated at a jobsite are assigned to		Or Governing	Or Governing
the governing class.			Class	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 Repa Lighting Install/Repair, Generators (Install or S		\$	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 Lanwork)	dscape, Engineers (Consulting, Job Site	\$	99613	7600
Tower Modification (structural), Tower Erection	on	\$	99613	5040
Other		\$		

Estimated annual revenue: \$_____

Previous year end annual revenue: \$_____

Subcontractor Exposure

The following questions apply to your subcontractor requirements:

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

Professional Liability Exposure

Do you employ architects and/or professional engineers? \bigcirc Yes \bigcirc No

If Yes: Do they design towers? ○ Yes ○ No Do they stamp plans? ○ Yes ○ No Do they map systems/paths only? ○ Yes ○ No



Annual Refresher Training 🔿 Yes 🔿 No

OSHA 10/30 (as required) \bigcirc Yes \bigcirc No

Capstan Hoist () Yes () No

Fiber/Utility/Drilling/Boring Exposure

Are you drilling/boring? () Yes () No	Are you boring under roads? () Yes () No
Are you boring under railroads? () Yes () No	Are you pulling cables and laying conduit? () Yes () No
Type of machinery used:	How deep are you drilling/boring (ft.)?
How many years of experience does the operator have?	Percentage of revenue generated from this operation:
Drilling Annual Payroll \$:	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, 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 vehicle sover 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 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

 RF/EME Awareness Training
 Yes
 No
 Hazard Communications
 Yes
 No

 Crane spotter/signal person
 Yes
 No
 Basic Rigging
 Yes
 No

 General Health, Safety and Environmental Training
 Yes
 No
 No

 Additional training provided:
 Yes
 No

Crane/Equipment/Installation Exposures

Do you lease cranes? O Yes O No Do you lease cranes with an operator? O Yes O No Do you provide certified riggers for working with the crane? O Yes O No Do you provide certified and trained crane spotter and signal personnel? O Yes O No Do you use multiple crane/ tandem lifts? O Yes O No Average value "on hook"? ______ Revenue from rigging operations? ______ Do you lease your equipment to others? O Yes O 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? O Yes O No Do you require pre-employment drug testing? O Yes O No Do you perform random employee drug testing? O Yes O No Do you require post-accident drug testing? O Yes O No Do you require/provide sexual harassment training? O Yes O No Do you require/provide cyber security training? O Yes O No Do you have an employee handbook? O Yes O No Do you have a safety manual? O Yes O No Do you have a fleet safety policy? O Yes O No Are you a member of NATE (Communications Infrastructure Contractors Association)? O Yes O No Are you a member of any other industry associations? O Yes O No If yes, please list: How many full-time safety personnel do you employee? 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 ha	ave a sprinkler system? 🔿 Yes 🔿 No
Any updates to roof/HVAC/Plumbing (or last year completed)		
Do you store materials of others at your location? \bigcirc Yes \bigcirc No	If yes, what is the m	naximum value you have at one time?
Physical address:		_
Leased or Owned Square footage	Year Built	Construction Type
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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: