

APOLLO GENERAL INSURANCE AGENCY INCORPORATED

** HOUSE MOVERS SURVEY **

Insured: _____
Address: _____
Location Surveyed: _____
Survey Completed by: _____ Date: _____

GENERAL INFORMATION

Person Contacted: _____ Title _____
Types of Operations (Percentages): _____

Changes in Future Operations: _____

Percent of Jobs per Area: Metropolitan _____ Suburban _____ Rural _____
Los History (5 years): _____

Safety Program: Name & Title of Safety Person _____

Written Safety Program (Provide Copy): Yes _____ No _____

Documented Safety Meetings: Yes _____ No _____

Accident Investigation Performed by: _____

First Aid Kits & Trained Personnel: Yes _____ No _____

Barricades & Caution/Warning Flags used at all times: Yes _____ No _____

Equipment Preventive Maintenance Person(s): _____

Equipment Inspected: Twice Daily _____ Bi-Weekly _____ Weekly _____

Percentage/Flag Escorts: Hired Policy _____ % Self Escorted _____ %

Types of Jacks Used: Hydraulic _____ Screw Type _____ Other _____

Time of Day Moves Completed: Day _____ % Night _____ %

Power Lines Raised (If Necessary) by: Utility Company _____ Insured _____

Gas/Water Hookups Completed by you? (Explain) _____

Is DEMOLITION performed on any structures or buildings, whether or not in conjunction with housemoving operations: Yes _____ No _____

NOTE: Our policy DOES NOT include coverage for DEMOLITION.

I hereby certify the above information and answers to be correct,

By: _____ Date: _____