

Traffic Engineering Questionnaire

Underwritten by The Hanover Insurance Company

NOTICE: THIS QUESTIONNAIRE IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

INSTRUCTIONS

Whenever used in this Questionnaire, the term **Firm** shall mean the **Named Insured** proposed for insurance, and **You** or **Your(s)** shall mean the persons and entities proposed for insurance, unless otherwise stated.

GENERAL INFORMATION

1. Name of **Firm**: _____
2. What percentage of your traffic engineering falls into each category (does NOT need to total 100%)? Please complete the following grid:

Please list 0% if no work is performed in a category

Traffic Studies without Design		%
Traffic Counts		%
Corridor Planning (PD&E Studies)		%
Signal Warrant Studies		%
Traffic Signal Design		%
Signal Timing & Optimization		%
Intersection Design		%
Traffic Control Plans		%
Traffic Flow Patterns		%
Construction Phasing & Sequencing		%
Lane Closure & Detour Plans		%
Temporary Traffic Signals		%
Pavement Marking (Signage & Striping)		%
Right of Way Plans		%

The undersigned, acting on behalf of all of **You**, declares that the statements above are true and complete, that thorough efforts were made to obtain requested information from all persons to be insured, no facts have been suppressed or misstated, and I/we understand that this supplement becomes part of the application.

Date ***Signature / Title***

(mm/dd/yyyy)

(Chief Executive Officer, President, Financial Officer, Managing Partner or Owner)

(mm/dd/yyyy)

(Print Name and Title)

A POLICY CANNOT BE ISSUED UNLESS THE "QUESTIONNAIRE" IS PROPERLY SIGNED AND DATED.
Please submit this "Questionnaire" including appropriate documentation to your agent.