

## CRANE AND RIGGING SUPPLEMENTAL APPLICATION

Name:  Email Address:

Physical Address:

City:  State:  Zip Code:

Lines of Business:  GL  Auto  IM  XS Effective Date:

Is the Applicant currently insured through the submitting agency?  Yes  No

If yes, what lines of business?  GL  Auto  IM  XS

Agency Name:  Agency Representative:

Agent's Phone:  Agent's Email Address:

Complete Description of Operations:

Individual  Partnership  Corporation  Limited Corp.  Joint Venture  Other

Years in Business  Principal Years of Experience

	Name	Operations	Years in Business
Subsidiaries	1. <input type="text"/>	<input type="text"/>	<input type="text"/>
	2. <input type="text"/>	<input type="text"/>	<input type="text"/>
	3. <input type="text"/>	<input type="text"/>	<input type="text"/>

Please list all of the states where applicant has any operations and percentage:

Average Number of Field Operations Employees  Gross Receipts \$

Field Operations Gross Payroll \$  What percentage of work is wet or marshland?

What percentage of work is offshore?

Operations:	Projected Annual Payroll:	Gross Receipts:
Crane Rental with Operator 11201	<input type="text"/>	<input type="text"/>
Crane Rental without Operator 11202	<input type="text"/>	<input type="text"/>
Rigging done as a separate operation from any of the above operations 98658	<input type="text"/>	<input type="text"/>
Millwright - machinery equipment & installation 97222	<input type="text"/>	<input type="text"/>
Sales of equipment (indicate new/used) 15060	<input type="text"/>	<input type="text"/>
Rental of equipment other than cranes (with operator) 11205	<input type="text"/>	<input type="text"/>
Rental of equipment other than cranes (without operator) 11206	<input type="text"/>	<input type="text"/>
Equipment rental hoists (with operator) 11209	<input type="text"/>	<input type="text"/>
Equipment rental hoists (without operator) 11210	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

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Describe any work on or adjacent to bodies of water, including dams and bridge work:

Confirm there is (no) blasting/demolition and wrecking and/or mining operations

Describe products/equipment typically lifted:

a.) What is the average on-hook exposure?

b.) What is the maximum on-hook exposure?

**1.) Does Applicant manufacture and/or fabricate any equipment, parts of accessories for sale, lease, rent or loan?**

Yes  No If yes, provide details, brochures and projected annual gross receipts \_\_\_\_\_

**2.) Does Applicant warehouse goods of others?**

Yes  No If yes, attach a copy of storage agreement and projected annual gross receipts.

**3.) Does Applicant rent/lease equipment from others?**

Yes  No If yes, what type of equipment? \_\_\_\_\_

If yes, what are your average annual costs to rent/lease this equipment from others? \$ \_\_\_\_\_

**4.) Advise the percentage of your applicant's work these customer groups/industries provide to the operations.**

Construction	<input style="width: 50px;" type="text"/>	Industrial Plants	<input style="width: 50px;" type="text"/>	Utilities	<input style="width: 50px;" type="text"/>
Oil Field/Refineries	<input style="width: 50px;" type="text"/>	Bridges	<input style="width: 50px;" type="text"/>	Steel Erection	<input style="width: 50px;" type="text"/>
Marine	<input style="width: 50px;" type="text"/>	Stevedoring	<input style="width: 50px;" type="text"/>	Wind Farm	<input style="width: 50px;" type="text"/>
Solar Panels	<input style="width: 50px;" type="text"/>			Other	<input style="width: 50px;" type="text"/>

**5.) Please describe the last 3 jobs performed and the largest 2 contracts in place below.**

Provide a copy of current subcontracts and daily work ticket

Owner/Contractor	Type of Work Performed in Detail
<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 600px; height: 20px;" type="text"/>
<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 600px; height: 20px;" type="text"/>
<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 600px; height: 20px;" type="text"/>
<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 600px; height: 20px;" type="text"/>



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6.) Does Applicant engage in any other contracting work?

Yes  No

If yes, describe operations and provide revenues: \_\_\_\_\_

7.) Does Applicant use or rent to others any equipment other than cranes?

Yes  No

If yes, what kind of equipment? \_\_\_\_\_

What are revenues for rental with operators (non-crane)? \_\_\_\_\_

What are revenues for rental without operators (non-crane)? \_\_\_\_\_

8.) What percent of work is performed as a sub-contractor working for other companies? %

9.) What percent of work is performed as direct contract working with other customers? %

10.) Does Applicant ever use sub-contractors?

Yes  No

List sub-contracted work and the approximate annual cost associated with each.

Type of Work	Annual Cost of Subcontractor
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

11.) Rigger's Liability

Is Rigger's Liability covered under the GL or IM?

Annual Number of Jobs?  Usual Duration  Number of Jobs in Progress

12.) Does the Applicant perform any maintenance work on the equipment of others?

Yes  No

Describe the type of work performed:  Annual Revenues form service work

13.) Is the Applicant licensed to inspect/certify cranes by their state?

Yes  No

14.) Does the Applicant do inspections/certifications on any equipment of others?

Yes  No

15.) Are certificates of insurance required from lessees on bare rentals? If so, please provide a copy.

Yes  No



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16.) Does Applicant require additional insured status from lessees on bare rentals?

Yes  No

17.) Describe security procedures for crane and vehicle storage.

[Text input area for security procedures]

18.) Please describe any OSHA violations that you have received in the past 5 years and any action taken as a result.

[Text input area for OSHA violations]

**Employment Training & Procedures for Crane Operators**

1.) Are Applicant's operators Union or Non-Union?

Union  Non-Union

2.) How often does Applicant refer to the Union for new or temporary employees?

3.) Is there a screening/reference process for the new operators?

Yes  No

4.) If Union shop, describe your screening procedures for any new or temporary employees:

[Text input area for screening procedures]

5.) If Non-Union, please describe the training program your company provides for employees:

[Text input area for training program]



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6.) Is training given on an on-going or annual base? Please describe the training below:

[Text input area for question 6]

7.) Is this training documented?

Yes  No

8.) Please provide the following

Numbers of Operators   
Number of Oilers   
All Other Employees

9.) Is a written test including hand signals, charting of load and radius of use given to all new employees by the Applicant?

Yes  No

Is this training documented?

Yes  No

10.) Is an operational test (field test) by type of Crane given to all employees before operator is assigned to that type of Crane?

Yes  No

11.) Describe how load weights are determined and by whom?

[Text input area for question 11]

12.) Does Applicant pre-engineer lifts?

Yes  No

13.) Who engineers the lift? \_\_\_\_\_

14.) Does the Applicant perform dual crane lifts?

Yes  No

If yes, describe coordination controls used:

[Text input area for question 14]



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**Loss Control and Maintenance Procedures**

**1.) Does applicant have a formal loss control or safety program?**

Yes  No

**2.) Is one employee responsible for safety programs?**

Yes  No

If yes, provide their name and title: \_\_\_\_\_

**3.) Does applicant have regular safety meetings with employees?**

Yes  No

**4.) Is there a formal scheduled equipment maintenance program?**

Yes  No

**5.) Is all Maintenance Documented?**

Yes  No

**6.) Does Applicant use a written form for crane inspections?**

Yes  No If yes, please attach a copy of the form.

**7.) Does Applicant use a written accident report form?**

Yes  No If yes, please attach a copy of the form.

**8.) Are cranes certified?**

Yes  No How often? \_\_\_\_\_ By whom? \_\_\_\_\_

**9.) Does applicant order MVRs on all drivers?**

Yes  No How often? \_\_\_\_\_

**10.) Does Applicant require certificates of insurance from lessees on bare rentals?**

Yes  No

**11.) Is Applicant named as additional insured on Lessees policy?**

Yes  No

**12.) Does management require the following of all lifts?**

- If policy exists requiring outriggers to be fully extended?  Yes  No
- Crane leveled before every lift is made?  Yes  No
- Firm foundation/steel pads under outriggers used?  Yes  No
- All safety devices required to be operational prior to lift?  Yes  No
- Load charts clearly posted in cab?  Yes  No



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APPLICANT HISTORICAL RESULTS

**Property/Inland Marine**

Year	#Claims	Paid Losses	Reserve	Total Incurred	Carrier	Date Valued	Actual/Estimated Annual Premium	Total Values

**General Liability**

Year	#Claims	Paid Losses	Reserve	Total Incurred	Carrier	Date Valued	Actual/Estimated Annual Premium	Total Values

**Automobile**

Year	#Claims	Paid Losses	Reserve	Total Incurred	Carrier	Date Valued	Actual/Estimated Annual Premium	Total Values

**Workers Compensation**

Year	#Claims	Paid Losses	Reserve	Total Incurred	Carrier	Date Valued	Actual/Estimated Annual Premium	Total Values

Note: Provide large loss details for any claims over \$50,000 in table on next page

## CRANE AND RIGGING SUPPLEMENTAL APPLICATION

### Attention

1. THE APPLICANT WARRANTS THAT THE ABOVE STATEMENTS AND PARTICULARS, TOGETHER WITH ANY ATTACHED OR APPENDED DOCUMENTS OR MATERIALS ("THIS APPLICATION"), ARE TRUE AND COMPLETE AND DO NOT MISREPRESENT, MISSTATE OR OMIT ANY MATERIAL FACTS.
2. THE APPLICANT UNDERSTANDS THAT THE COMPANY RELIED UPON THE INFORMATION CONTAINED WITHIN THIS APPLICATION TO DETERMINE ACCEPTABILITY, RATES AND COVERAGE.
3. THE APPLICANT UNDERSTANDS THAT ANY MISREPRESENTATION OR OMISSION SHALL CONSTITUTE GROUNDS FOR RESCISSION OF COVERAGE AND DENIAL OF CLAIMS, OR, AT THE OPTION OF THE COMPANY, THE ASSESSMENT OF ADDITIONAL PREMIUM CHARGES, THE APPLICANT REPRESENTS AND WARRANTS TO THE COMPANY THAT, IF A POLICY IS ISSUED TO THE APPLICANT, THE APPLICANT WILL COOPERATE WITH THE COMPANY IN CONNECTION WITH ANY INSPECTION, PREMIUM AUDIT AND IN ALL OTHER RESPECTS AS REQUIRED UNDER THE POLICY.
4. THE APPLICANT UNDERSTANDS THE COMPANY IS NOT OBLIGATED NOR UNDER ANY DUTY TO ISSUE A POLICY OF INSURANCE BASED UPON THIS APPLICATION. THE APPLICANT FURTHER UNDERSTANDS THAT, IF A POLICY IS ISSUED, THIS APPLICATION WILL BE INCORPORATED INTO AND FORM A PART OF SUCH POLICY.
5. IF THE APPLICANT BECOMES AWARE THAT ANY RESPONSE ON THIS APPLICATION IS INACCURATE AS A RESULT OF INFORMATION OR CHANGE OF CIRCUMSTANCES BEFORE A POLICY ISSUED BEFORE SUCH NOTIFICATION IS SUBJECT TO IMMEDIATE CANCELLATION.
6. THE APPLICANT AUTHORIZES THE COMPANY TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THE APPLICATION AS IT MAY DEEM NECESSARY.

THE UNDERSIGNED, BEING AUTHORIZED BY AND ACTING ON BEHALF OF THE PROSPECTIVE INSURED, REPRESENTS THAT THE ANSWERS GIVEN ARE TRUE. FAILURE TO PROVIDE TRUTHFUL ANSWERS AND ALL MATERIAL INFORMATION CAN RESULT IN THE COMPANY ELECTING TO CANCEL, REFORM AND/OR RESCIND THE POLICY.

("APPLICANT", "YOU", "YOUR" AND SIMILAR WORDS REFER TO THE PROSPECTIVE INSURED)

THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN POLICIES ISSUED BY THE COMPANY VARY SIGNIFICANTLY FROM THOSE CONTAINED IN MANY OTHER LIABILITY INSURANCE POLICIES. THE POLICY FORM ISSUED BY THE COMPANY PROVIDES COVERAGE THAT MAY BE MORE LIMITED THAN THAT AVAILABLE UNDER THE "ISO" INSURANCE POLICY OR SIMILAR TYPES OF POLICIES. YOU SHOULD CAREFULLY REVIEW THE ENTIRE POLICY WITH YOUR AGENT, LEGAL COUNSEL OR OTHER INSURANCE PROFESSIONAL TO MAKE SURE THAT YOU UNDERSTAND THE COVERAGE IT PROVIDES, AND YOUR RIGHTS AND OBLIGATIONS UNDER THE POLICY.

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**Agency Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Producer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant (Insured) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name/Title:** \_\_\_\_\_





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**Submission Requirements**

<b>Inland Marine/General Liability</b>	<b>Commercial Auto</b>	<b>Umbrella/Excess</b>
Acord Sections	Acord Sections	Acord Sections
Five Years of Currently Valued Insurance Company Issued Loss Runs	Five Years of Currently Valued Insurance Company Issued Loss Runs	Five Years of Currently Valued Insurance Company Issued Loss Runs
Equipment Schedule	Vehicle Schedule with Stated Amount Values	Employer's Liability Carrier/Limit
Operator Certifications	Driver Schedule	
Equipment Inspections	Motor Vehicle Reports - All Drivers	
Lease/Rental Agreement	Details On Any Filings Required	