



STRUCTURAL MOVERS SUPPLEMENTAL APPLICATION

Please note a complete application for insurance consists of:

- Five years of currently valued insurance company issued loss runs
- A list of all proposed Named Insureds and a detailed description of their operations
- Current experience modification rating worksheets on Workers' Compensation submissions
- Current work on hand schedule
- Contact name, telephone number and email address for Contractor's loss control and claims representatives
- Most recent audited financial statements
- ACORD applications completed for all coverages being requested

Name: Date Completed:

Address:

City: State: Zip Code:

Website Address: Phone Number:

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: Producer Name:

Address:

City: State: Zip Code:

Phone Number: Email:

Annual Projections

Revenue	Subcontracted Costs	M&C Payroll	Power Units	Insured Values
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Operations

1.) Brief description of operation including states of operations with percentages to total:

2.) Does the applicant perform residential construction outside of the scope of Building/Structure Raising & Moving? Yes No

If "Yes," please provide a description of other operations:

3.) Does Applicant perform Building/Structure:

Raising Yes No %

Moving Yes No %

4.) Is Applicant a current member of the IASM or any other trade group? Yes No

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KEY RISK CONTROL ELEMENTS

Check which risk control procedures are included in applicant operations:

- | | |
|--|--|
| <input type="checkbox"/> Does applicant do Pre-Hire Background Check and Drug/ Alcohol Testing? | <input type="checkbox"/> Does applicant have documented Supervisor Safety Training? |
| <input type="checkbox"/> Does applicant do Post-Accident Drug/ Alcohol Testing? | <input type="checkbox"/> Does applicant have documented Quality Assurance Program for Completed Operations? |
| <input type="checkbox"/> Has applicant(s) ever been involved or currently involved with or have any future plans involving residential work? | <input type="checkbox"/> Does applicant have a New Hire Safety Orientation? |
| <input type="checkbox"/> Has/have the applicant(s) been involved in any Joint Ventures or Partnerships not described in the Named Insured? | <input type="checkbox"/> Is applicant currently or ever been involved in any Controlled Insurance Program (Wrap-Up)? |

Comments:

COMMERCIAL GENERAL LIABILITY SUPPLEMENT

ACORD applications must include:

- Description of operations
- Complete exposure information for rating
 - Schedule of hazards fully completed including classifications, class codes and the premium basis by state per location
 - Number of employees

1. How long has the company been operating as a structural mover / lifter?

2. What is the largest value of item moved? \$ Average Value? \$

3. Range of Distance: Longest Move: Average Move:

4. Does company own their own equipment? Yes No

5. Is lifting equipment inspected prior to every lift? Yes No

6. Does company utilize a Prime Mover? Yes No

List Unit(s):

7. Does company perform any operations from barges or vessels? Yes No

8. Does the company execute contracts with customers outlining both parties' obligations? Yes No

Provide Sample Contract.

9. Does the company utilize a Professional Engineer to inspect structural integrity prior to all lifts? Yes No

Is PE employed by Applicant or subcontractor? Professional Liability Policy Limits?

10. Who is responsible for utility cut offs and hook ups? Yes No

11. Are permits required / acquired for Raising/Moving Operations? Yes No

12. Are routes planned prior to a move? Yes No

13. Does company use escort vehicles during a move? Yes No

14. How are overhead Power Lines handled during a move? Yes No

15. Does the company use subcontractors? Yes No

Provide sample subcontractor agreement, including all insurance addendums.

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WORKERS' COMPENSATION SUPPLEMENTAL

ACORD applications must include:

- Description of operations
- Complete exposure information for rating
 - Class codes and annual remuneration by state
 - Number of employees
 - Vehicle class/GVW/Radius of operation
 - Cost New
- Complete driver information
 - Name, date of birth, driver's license number and state of licensure

HIRED AND NON-OWNED AUTO COVERAGE:

1. What, if any, types of Hired/Non-Owned autos will be used in your business?

.....

2. Do any employees use their autos in the Applicant's business? Yes No

If yes, please provide the names, DOB's and MVR's, if not included on the Driver's List:

.....

3. How often will non-owned autos be used in Applicant's business? Daily Weekly Occasionally

NOTE: if Applicant employees use their personal vehicles on company business, Applicant must require a minimum 100/300/100 limits of liability from their employees.



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PROPERTY AND INLAND MARINE

ACORD applications must be completed and include when applicable:

- Installation/Riggers Application
- Motor Truck Cargo/Transit Application

1. Does applicant outsource equipment maintenance? Yes No

If yes, to whom?

2. Provide details of equipment maintenance and inspection protocols:

3. What are annual estimated expenditures for leased/rented equipment from others? _____

4. Provide Motor Carrier and Department of Transportation numbers: _____

5. Does applicant(s) have a waterborne equipment exposure? Yes No

If yes, provide details.



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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



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LARGE LOSS DESCRIPTION

Type of Loss	Date of Loss	Claimant	Description



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NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, Incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Agent represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

Is the Applicant a member of Specialized Carriers & Riggers Association? Yes No

Does the Applicant rent Cranes to others? Yes No

Agency Name: _____ Title: _____

Producer Signature: _____ Date: _____

Applicant (Insured) Signature: _____ Date: _____

Print Name/Title: _____

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Submission Requirements

Inland Marine/General Liability	Commercial Auto	Umbrella/Excess
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	