



CRANE AND RIGGING EQUIPMENT APPLICATION

APPLICANT'S INSTRUCTIONS:				
1) ANSWER ALL QUESTIONS. IF THE ANSWER TO ANY QUESTION IS NONE, PLEASE STATE NONE.				
2) APPLICATION MUST BE SIGNED AND DATED BY OWNER, PARTNER OR OFFICER.				
3) BROCHURES, COPIES OF GUARANTEES, WARRANTIES AND HOLD HARMLESS AGREEMENTS FURNISHED BY THE NAMED INSUREDS SHOULD ACCOMPANY THE APPLICATION.				
4) THE LATEST 10K AND 10Q, OR IF A PRIVATELY HELD BUSINESS, LATEST AUDITED FINANCIAL STATEMENT AND LATEST QUARTER INCOME REPORT SHOULD BE FURNISHED.				

Producer:			Producer code:	
Street address:	City/State:	Zip code:	Phone number:	Fax number:
Mailing address:			Email address:	

APPLICANT INFORMATION

NAME (First Named Insured and other named Insureds):				
Street address:	City / State	Zip code:	Phone number:	Fax number:
Mailing address (of first named insured):			Web address:	
Number of Years in business under current name:				
Applicant operates as an:				
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Describe):				
Inspection (contact/phone):			Accounting records (contact/phone):	

COVERAGE REQUESTED

Effective date:		Expiration date:		
Limits of Insurance:				
General aggregate:	\$	_____		
Products and completed operations aggregate:	\$	_____		
Each occurrence:	\$	_____		
Personal injury and advertising limit:	\$	_____		
Damage to Premises rented to you (any one fire):	\$	_____		
Self-insured retention (per occurrence or per claim):	\$	_____	Per Claim	
Deductible (per occurrence or per claim):	\$	_____	Per Claim	

COMPANY HISTORY

Is the applicant a subsidiary of another entity? Yes No
 If yes, please provide details:

Does the applicant have any subsidiaries or related entities not listed above? Yes No
 If yes, please provide details:

Have there been any mergers/acquisitions, consolidations or divestitures? Yes No
 If yes, please describe your obligations for past, present & future liabilities:

Number of years in business: _____ Number of years under this name: _____

Complete description of operations:

Any business besides crane and equipment rental? Yes No
 If yes, please explain:

Number of Employees: Office: _____ Supervisors: _____ Field: _____

REVENUES

List five previous years Payroll and Gross Receipts / Sales:

PAYROLL	RECEIPTS / SALES
200_	200_
200_	200_
200_	200_
200_	200_
200_	200_

Estimated breakdown of payroll and gross receipts for the following classes:

	PAYROLL	RECEIPTS
Crane rental with operator		
Crane rental without operator		
Bare crane rental		
Heavy hauling		
Millwright work including machine Installation and repair		
Rigging, if done as a separate operation		
Steel erection		
Other equipment rental (describe): _____		
Miscellaneous (describe): _____		
Total:		

- Please attach the following:
- A. List of equipment with size and values
 - B. Financial statement
 - C. Copy of rental agreements and/or contracts

GENERAL INFORMATION I

Geographic area of operation: _____

Do you currently hold a license to operate? Yes No

Expiration Date: _____

Operators and Oilers are: Union Non-union

Number of operators are: Oilers: _____ All other employees: _____

Please provide names and industries of your three largest clients:

Do you buy and sell cranes? Yes No

Do you maintain, repair or recondition cranes for other crane companies? Yes No

Do you rent equipment other than cranes? Yes No

If so, what types of equipment? _____

DO YOU HAVE:

A formal safety plan? Yes No

One employee responsible for the program? Yes No

Regular safety meetings with all employees? Yes No

If yes, how often? _____

Screening process for new operators (please attach criteria)? Yes No

Minimum age for operators: _____

DO YOU HAVE THE FOLLOWING HIRING PRACTICES FOR CRANE OPERATORS:

Check prior employment of crane operators? Yes No

Pre-employment eyesight screening? Yes No

Pre-employment physical? Yes No

Pre-employment drug test? Yes No

Pre-employment reading skills for comprehension of technical instruction? Yes No

Describe your current operator training programs including skill upgrading when experienced operators are assigned newer and more sophisticated equipment; emphasis placed on the accuracy of calculations, instructions in the care and inspection of equipment; and general safe work procedures:

In your state or city of operation, are your crane operators required to be licensed? Yes No

What are the licensing requirements? _____

CRANE EQUIPMENT & MAINTENANCE

Scheduled maintenance program? Yes No

Is each crane certified annually? Yes No

Do you inspect crane prior to and after each rental with the assistance of a written inspection form? Yes No

Do you maintain records on the purchase of wire, rope & chains? Yes No

Do you require the supplier of wire, rope and chains to provide evidence of products liability? Yes No

Are booms used interchangeably among cranes? Yes No

Are load charts and safe operating instructions posted in each crane cab? Yes No

Are your cranes equipped with overload indicators and or extension indicators which give an audible and visual warning when crane is overloaded /extended beyond recommended limits? Yes No

Are your cranes equipped with mechanical boom length indicators? Yes No

Are your cranes equipped with anti two blocking devices? Yes No

GENERAL INFORMATION II

- Are your cranes equipped with an alarm that consists of an anemometer and an audible and a visual signal that indicates when wind gusts exceed limit for safe operation? Yes No
- If yes, are they set at 35 mph and grounded to avoid lightening hazard? Yes No
- Do you use personal buckets? Yes No
- Are your cranes fitted with a lock out device on main breaker to prevent unauthorized persons from using them? Yes No
- Are "deadman" controls installed to immobilize your cranes of operator becomes disabled? Yes No
- Is there a scheduled replacement program? Yes No
- Where are the cranes and related equipment stored when not in use? _____
- Do you have a formal maintenance program for your cranes and related equipment? Yes No
- Are maintenance files kept on each crane showing date of routing checks, repair work and overhauls? Yes No
- Are all parts and attachments inspected and maintained to manufacturers specifications? Yes No
- Who does your in-house repairs and what is their experience and training? Yes No
- Who handles your outside repair or maintenance work? _____
- Do you obtain evidence of general liability insurance? Yes No

OPERATING PROCEDURES & PRACTICE

- Do you follow the operating procedures and practices according to OSHA Pub. #78-182? Yes No
- Are front bumper counter-weights checked for proper placement? Yes No
- Are pre-lift testing and site surveys done? Yes No
- When working near utility lines, do you require cranes to be grounded? Yes No
- When working near utility lines, do you have the utility company de-energize the power? Yes No
- What procedures are in place regarding the use of signals (communications)? Yes No
- Are measures taken to prevent drug / alcohol use on the job? Yes No
- When renting w/o operators, how do you determine the ability of the lessee's crane operator?

- Do you order MVR's on all drivers? Yes No

RIGGERS LIABILITY

Annual number of jobs: _____ Average duration of jobs: _____
 Number of jobs in progress any on time: Maximum: _____ Average: _____
 Cost or value of each (on hook) installation:
 Maximum: _____ Minimum: _____ Average: _____

CONTRACTUAL LIABILITY

- Do you require the rental agreement be completed and signed before beginning a job? Yes No
- Are any modifications or changes to the agreement also signed and dated? Yes No
- Does your rental agreement or work order state the crane load capacity? Yes No
- Do you require each lessee to provide proof of comprehensive insurance prior to the rental of equipment? Yes No
- Have you had your rental agreement reviewed by legal counsel? Yes No

PRIOR CARRIER INFORMATION (List last 5 years)

GENERAL LIABILITY:	YEAR ____	YEAR ____	YEAR ____	YEAR ____	YEAR ____
Carrier					
Policy no.					
Policy type	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC
Retroactive date					
Policy limits: Occurrence					
Gen. Aggregate					
Premium					
Sir or Deductible					
Expense within policy limit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

WORKERS' COMPENSATION:	YEAR ____	YEAR ____	YEAR ____	YEAR ____	YEAR ____
Carrier					
Policy no.					
Premium					
Sir or Deductible					

Has any insurer ever cancelled, restricted or refused to renew your policy or any coverage in the past 5 years? Yes No
 If yes, please explain:

Has any product, work, accident or location been excluded, uninsured or self-insured from any previous coverage? Yes No
 If yes, please explain:

CLAIMS HISTORY

Current plus last five years (currently valued hard copy loss runs)

Total aggregates losses, including defense costs:

Policy period	No. of Claims	Total amounts paid		Amounts in reserve		Valuation Date
		Indemnity	Expense	Indemnity	Expense	

Describe individual losses, valued \$25,000 or more, including defense costs:

Are you aware of any other occurrences, incidents, conditions, defects or suspected defects that may result in claims against you? Yes No
 If yes, give details:

Please attach workers' compensation loss runs including previous five years.

FRAUD WARNING

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by an insurance broker who is acting on behalf of an insured.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement or claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE 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 may include imprisonment, fines or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a 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.

The applicant 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.

Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent / Broker Name: _____

The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.