



Crane, Rigging, and Heavy Equipment Application

Named Insured _____
FEIN # (Required to Rate) : _____
Physical Address _____
Agency Name _____
Agency Representative _____
Phone Number _____
Email _____

How Did You Hear About Us?

- E-MAIL BROCHURE
 FRIEND

- ACT MAGAZINE
 SC&RA EVENT
 OTHER

- CONFERENCE/TRADESHOW
 SEARCHING WEB

Line(s) of business submitted:

- INLAND MARINE / PROPERTY
 UMBRELLA / EXCESS

- COMMERCIAL GENERAL LIABILITY
 CONTRACTORS POLLUTION

- COMMERCIAL AUTO LIABILITY

1. Primary states/provinces in which applicant's business is conducted: _____

2. Provide an estimated breakdown of payroll and gross receipts as outlined below:

* - please describe operations in full detail

OPERATIONS	PAYROLL	ANNUAL GROSS RECEIPTS
Crane Rental With Operator	\$	\$
Crane Rental Without Operator	\$	\$
Other Equipment Rental (describe below)*	\$	\$
Rigging when done as a separate operation from any of the above operations.	\$	\$
Millwright – machinery moving & installation	\$	\$
Sales of equipment * (indicate new/used) Heavy	\$	\$
Hauling – Transportation of equipment	\$	\$
Contractors Equipment Other than Cranes, Derricks, Power Shovels & Equipment rented to others with operators*	\$	\$
Contractors Equipment Other than Cranes, Derricks, Power Shovels & Equipment rented to others without operators*	\$	\$
OTHER	\$	\$
OTHER	\$	\$
(*1)		
(*2)		



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Describe any Blasting/Demolition & Wrecking and/or Mining Operations:

3. Describe products/equipment typically listed by applicant:

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

\$ _____

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

\$ _____

4. Describe industries that provide a large percentage of applicant's work, i.e., Utilities, Oil Field, Refineries, Bridges, Commercial Construction, Industrial Plants Stevedoring, etc.

\$ _____

5. Does the applicant lease or rent equipment from others?

Yes

No

(a) If so, what type of equipment?

(b) What are the average expenditures for equipment leased or rented from others?

\$ _____

**7. Operators and oilers are:
Number of:**

Union

Non-Union

8. Loss Control and Maintenance:

(a) Is a written loss control and job site safety plan updated regularly?

Yes

No

(b) Is one employee responsible for safety program?
If yes, name: _____

Yes

No

(c) Are weekly safety meetings held with field employees?

Yes

No

(d) Is there a screening or reference process for new operators?

Yes

No

(e) Is there a minimum age for operators?

Yes

No

(f) Is there a scheduled maintenance program?

Yes

No

(g) Is there a written form for crane inspection which is kept on file?

Yes

No

(h) Are cranes certified?
If so, how often and by whom?

Yes

No



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(i) Are operators certified? Yes
If so, by whom? _____ No

(j) Are Certificates of Insurance required from lessees on bare rentals? Yes
 No

(k) Do you order MVR's on all drivers/operators? Yes
 No

9. Do you use or have exposure to radioactive material? Yes
 No

If yes, please describe and include protective measures:

10. Describe the use of any explosives in conjunction With your operation?

11. Describe procedures when working with Hazardous materials (i.e....acids):

12. Do you or anyone working on your behalf perform services relating to surveying underground structures or formations? Yes
 No

Safety-Attach copy of safety program

Name of Safety Director:	_____		
Safety Director reports to:	_____		
Years with organization:	_____		
Years in safety field:	_____		
Describe Safety Director's Duties:	<table border="1"><tr><td> </td></tr><tr><td> </td></tr></table>		
Describe any safety award programs(s)	<table border="1"><tr><td> </td></tr></table>		
How often are safety meetings held?	_____ _____		



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Submission Requirements

INLAND MARINE / PROPERTY / GENERAL LIABILITY	COMMERCIAL AUTO	UMBRELLA / EXCESS
ACORD SECTIONS	ACORD SECTIONS	ACORD SECTIONS
NBIS SUPPLEMENTAL APPLICATION	FIVE YEARS CURRENT LOSS RUNS VEHICLE	NBIS SUPPLEMENTAL
FIVE YEARS CURRENTLY VALUE LOSS HISTORY	SCHEDULE WITH COST NEW DRIVER	APPLICATION VEHICLE SCHEDULE
EQUIPMENT SCHEDULE	SCHEDULE	UNDERLYING CGL QUOTATION
OPERATOR CERTIFICATIONS	MOTOR VEHICLE REPORTS - ALL DRIVERS	UNDERLYING AUTO QUOTATION
EQUIPMENT INSPECTIONS SAFETY PROGRAM		EMPLOYER'S LIABILITY CARRIER/LIMIT
LEASE / RENTAL AGREEMENT		FIVE YEAR LOSS SUMMARY EACH LINE

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 IS ISSUED, THE APPLICANT MUST INFORM THE COMPANY OF SUCH CHANGE, IN WRITING, AND ANY 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)



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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.

SIGNATURE OF APPLICANT

TITLE (OFFICER, MANAGER, PARTNER, OWNER)

SIGNATURE OF BROKER