

HEAVY EQUIPMENT CRANE AND RIGGING SUPPLEMENTAL APPLICATION

Name Insured / Applicant	
Insured Email Address	
FEIN #	
Physical Address	
Agency Name	
Agency Representative	
Agent Phone Number	
Agent Email Address	

Complete Description of Operations

Individual Partnership Corporation Limited Corp. Joint Venture
Other If other, list description:

Subsidiaries	Name	Operations
1.		
2.		
3.		
Years in business:		
Principal's Years of experience:		

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

Average number of field operations employees:	
Field operations gross payroll: \$	Gross receipts: \$
What percentage of work is offshore?	What percent of work is wet or marshland?

Operations	Projected Annual Payroll	Projected Annual Gross Receipts
Crane Rental with Operator – 11201		
Crane Rental without Operator – 11202		
Steel Erection – 97655		
Rigging when done as a separate operation from any of the above operations – 98658		
Millwright - machinery moving & installation – 97222		
Sales of equipment (indicate new/used) – 15060		
Heavy Hauling – Transportation of equipment - 99793		
Rental of equipment other than cranes (with operator)		
Rental of equipment other than cranes (without operator)		
Equipment rental hoists (with operator) – 11209		
Equipment rental hoists (without operator) – 11210		
Warehouses - 99938		
Other		
Other		
Other		

HEAVY EQUIPMENT CRANE AND RIGGING SUPPLEMENTAL APPLICATION

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

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Describe any blasting/demolition and wrecking and/or mining operations:

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Describe products/equipment typically lifted:

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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 the Applicant rent/lease equipment from others?
 YES NO

If yes, what type of equipment? _____

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

Construction	%	Industrial Plants	%	Utilities	%
Oil field/Refineries	%	Bridges	%	Steel Erection	%
Marine	%	Stevedoring	%	Wind Farm	%
Solar Panels	%				

5. Please describe the last 3 jobs performed and the largest 2 contracts in place below. Provide a copy of current Work In Progress Report.

Owner/Contractor	Type of work Performed in detail

HEAVY EQUIPMENT CRANE AND RIGGING SUPPLEMENTAL APPLICATION

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 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 Sub-Contractor

Percentage of total work sub-contracted to others: _____%

Does the applicant obtain certificates of insurance from all sub-contractors?

YES NO

Is there a Diary System in place to track expiration dates of certificates of insurance?

YES NO

Is the applicant named as additional insured on all sub-contractors' policies?

YES NO

Does the applicant require all sub-contractors to carry limits (including Excess limits) equal to or greater than their own?

YES NO

Does the applicant use written sub-contractor agreements containing hold harmless/indemnity agreements in favor of the applicant?

YES NO

Does the applicant verify that all sub-contractors follow all industry requirements and applicable state and local codes?

YES NO

Indicate the types of sub-contractor agreements the applicant typically uses:

Standard (AGC, AIA contracts)

Custom

Other (explain) _____

HEAVY EQUIPMENT CRANE AND RIGGING SUPPLEMENTAL APPLICATION

Have agreements been reviewed by contract specialty attorney?

YES NO

11. Rigger Liability

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

12. Does the applicant perform any maintenance work on the equipment of other?

YES NO

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

13. Is the applicant licensed to Inspect/Certify cranes by their state?

YES NO

14. Does 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

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

YES NO

HEAVY EQUIPMENT CRANE AND RIGGING SUPPLEMENTAL APPLICATION

17. Describe security procedures for crane and vehicle storage.

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

Employment Training & Procedures for Crane Operators

1. Are applicant's operators Union or Non Union?
Have any Union members been rejected?
 YES NO

2. How often does applicant refer to the union for new or temporary operators? _____

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:

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

HEAVY EQUIPMENT CRANE AND RIGGING SUPPLEMENTAL APPLICATION

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

7. Is this training documented?
YES NO

8. Please provide the following:

Number 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 the 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?

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:

HEAVY EQUIPMENT CRANE AND RIGGING SUPPLEMENTAL APPLICATION

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 so please 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

7. Does applicant use a written accident report form?
YES NO

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?

A 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

HEAVY EQUIPMENT CRANE AND RIGGING SUPPLEMENTAL APPLICATION

I hereby certify that the aforementioned information enclosed in the application form and any additional information which has been enclosed with the application is true and accurate to the best of my knowledge, and I further understand and agree that any policy will be issued in reliance upon the representation made herein. I further understand and agree that failure to provide a true and accurate response to any of the foregoing questions may result in the voiding of the insurance issued in reliance on the application and/or denial of claims which would otherwise have been covered under any policy issued.

Completion of this application does not constitute acceptance of this application or obligate the company or their duly authorized representative to complete the insurance applied for. No insurance shall become effective until the company has received a signed and dated application and deposit premium.

Applicant's Printed Name

Applicant's Signature/Title

Date

Producer's Printed Name

Producer's Signature

Date

In addition to the Application, please include the following:

- ✓ 5 years currently valid loss runs
- ✓ Narrative on any Losses over \$100,000 (closed) / over \$250,000 (open)
- ✓ Completed questionnaire, signed and dated
- ✓ Most recent financials
- ✓ Copy of your standard rental and or work agreements/tickets
- ✓ Copy of contracts used with Sub-Contractors
- ✓ Crane Operator Certificates/Resumes and or statements of Qualifications on Key Personnel
- ✓ Crane Inspection Reports
- ✓ Copy of your Safety Manual
- ✓ List of all equipment to include: type, vin, serial number, year, make, model and value
- ✓ Identify which cranes are licensed /tagged and subject to state financial responsibility laws.