SKYWARD
SPECIALTY INSURANCE
A SKYWARD GROUP COMPANY

800 GESSNER RD, SUITE 600
HOUSTON, TX 77024
713.935.4800 | 800.796.9165

Heavy Equipment Crane and Rigging Application

Applicant and Producer Information

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

Complete Description of Operations:

Organization Type:

☐ Individual ☐ Partnership ☐ Corporation ☐ Limited Corp. ☐ Joint Venture ☐ Other

If Other, List Description:

Subsidiaries

Name	Operations

Years in Business:

Principal's Years of Experience:

States Where Applicant Has Operations and Percentage of Operations:

Percentage of work within New York	%
Percentage of work within the five boroughs of NYC	%
Field Operations Gross Payroll	$
Gross Receipts	$
Projected percentage of gross revenue from mobilization fees	%

Operations	Projected Annual Payroll	Projected Annual Gross Receipts
Crane Rental with Operator (Other than Tower Crane) - 11201	$	$
Crane Rental without Operator (Other than Tower Crane) - 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	$	$
Tower Crane Rental	$	$
Other	$	$

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Customer Groups / Industries

Indicate the percentage of the applicant's work provided by each customer group / industry.

Construction	%	Industrial Plants	%	Utilities	%
Rig Moving	%	Road/Bridges	%	Steel Erection	%
Marine/Piers	%	Stevedoring	%	Wind Farm	%
Solar Panels	%	Tree Removal	%	Oilfield (other than Rig Moving)	%

Select additional work exposures that apply, if any:

☐ For Hire Commodity Trucking	☐ Repair Work for Others
☐ Inspection/Certification of Equipment for Others	☐ Training Services for Others
☐ Blasting/Demolition	☐ Work On/Adjacent to Water
☐ Manufacture/Fabricate Equipment or Parts	☐ Drilling or Pile Driving
☐ Other:	

Additional Exposure Description:

Revenue:

Products / Equipment Typically Lifted:

a) What is the average on-hook exposure?	$
b) What is the maximum on-hook exposure?	$

Does the applicant perform any other contracting work? ☐ Yes ☐ No

If yes, describe other contracting work:

Does the applicant perform dual crane lifts? ☐ Yes ☐ No

If yes, describe the type of equipment and the lift planning and coordination controls used:

Does the applicant rent or lease cranes or other equipment from others? ☐ Yes ☐ No

If yes, what type of equipment and annual spend?	

Does the applicant rent, erect, or dismantle tower cranes (other than self-erecting tower cranes)? ☐ Yes ☐ No

If Yes, please complete the Skyward Tower Crane Rental Application in addition to this application.

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

Owner / Contractor	Type of Work Performed in Detail

Contract and Subcontracting

Do you use a daily job or rental ticket with contractual language? ☐ Yes ☐ No

If yes, provide a job ticket executed within the past 30 days.

If yes, what percentage of your jobs are performed under your daily job or rental ticket?	%
What percentage of your work is performed as a subcontractor for other companies?	%

Are certificates of insurance required from lessees on bare rentals? ☐ Yes ☐ No

If yes, provide a copy.

Percentage of Total Work Subcontracted to Others	%

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Do you subcontract overflow crane work? ☐ Yes ☐ No

Do you subcontract hauling? ☐ Yes ☐ No

If yes, what is your process for verifying a carrier's Department of Transportation (DOT) operating authority status and safety history?

Type of Subcontracted Work	Annual Cost of Subcontractor
	$
	$
	$

Does the applicant obtain certificates of insurance from all subcontractors? ☐ Yes ☐ No

Is a diary system in place to track certificate expiration dates? ☐ Yes ☐ No

Is the applicant named as an additional insured on all subcontractors' policies? ☐ Yes ☐ No

Are subcontractors required to carry limits, including excess limits, equal to or greater than the applicant's? ☐ Yes ☐ No

Are written subcontractor agreements used with hold-harmless / indemnity provisions in favor of the applicant? ☐ Yes ☐ No

Have agreements been reviewed by a contract specialty attorney? ☐ Yes ☐ No

Employment Training and Procedures for Crane Operators

Please complete:

Number of Operators:		Minimum Yrs Exp Required:		☐ Union	☐ Non-Union
Number of Riggers & Oilers:		Minimum Yrs Exp Required:		☐ Union	☐ Non-Union

How many times a year do you request temporary workers/operators from the union?

Is there a screening / reference process for new operators? ☐ Yes ☐ No

Describe New-Hire Orientation and Training Process:

Are all operators certified? ☐ Yes ☐ No

Certified By:

Is a field operational test by crane type given before an operator is assigned to that type of crane? ☐ Yes ☐ No

Is a written test on hand signals, load charts, and radius of use given to new employees? ☐ Yes ☐ No

Are your operators, signal persons, and riggers qualified for their assigned duties, equipment, and/or signaling methods? ☐ Yes ☐ No

Are any riggers certified by an accredited organization? ☐ Yes ☐ No

If so, what percentage?	%

Describe how riggers are qualified, including training, skills evaluation, and documentation:

Does forklift operator training include formal classroom or online instruction on operating principles, controls, and safety procedures? ☐ Yes ☐ No

Does forklift operator training include hands-on practice using the forklift types and attachments operated by the applicant? ☐ Yes ☐ No

Before independent operation, does a qualified evaluator observe and document each forklift operator under actual workplace conditions and loads? ☐ Yes ☐ No

Describe Ongoing or Annual Training:

Are evaluations documented and is retraining / re-evaluation required when performance deficiencies are identified? ☐ Yes ☐ No

Is training documented for all positions requiring training (operators, signal persons, riggers, and forklift operators)? ☐ Yes ☐ No

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Loss Control and Maintenance Procedures

Does the applicant have a formal loss control or safety program? ☐ Yes ☐ No

Is one employee responsible for safety programs? ☐ Yes ☐ No

Safety Program Responsible Employee Name: **Title:**

Does the applicant hold regular employee safety meetings? ☐ Yes ☐ No

Are cranes inspected annually by an independent third-party inspector? ☐ Yes ☐ No

Are deficiencies identified through inspections corrected, documented, and reinspected before a crane returns to service? ☐ Yes ☐ No

Who performs crane maintenance?

☐ In-House Personnel ☐ Third-Party Vendor ☐ Both

Number of in-house mechanics:

If maintenance is performed in-house, describe maintenance and mechanic training / experience:

Is all maintenance documented? ☐ Yes ☐ No

Are documented pre-use / shift inspections required for each crane? ☐ Yes ☐ No

Does the applicant have a documented load-securement policy for forklift operations? ☐ Yes ☐ No

Does the applicant use a written accident report form? ☐ Yes ☐ No

Is there a process for reporting near misses? ☐ Yes ☐ No

Are rigging hardware, slings, and below-the-hook devices inspected before use each shift and as necessary using written forms / checklists? ☐ Yes ☐ No

Are defective or damaged rigging equipment and below-the-hook devices removed from service, tagged / segregated, and repaired or destroyed before reuse? ☐ Yes ☐ No

Who is authorized to inspect rigging equipment and remove defective equipment from service?

Describe how load weights are determined and by whom:

Does the applicant pre-engineer lifts? ☐ Yes ☐ No

Who engineers the lift?

When are documented pre-lift plans required?

☐ All Lifts ☐ Critical Lifts Only ☐ Other

If required only for certain lifts, provide the criteria used:

Does each pre-lift plan document load weight, crane configuration/capacity at planned radius, rigging configuration, lift path, and ground/site conditions? ☐ Yes ☐ No

Before a lift begins, is a pre-lift meeting held with the operator, rigger(s), signal person(s), lift director, and affected personnel? ☐ Yes ☐ No

Are attendee names/signatures or other participation evidence retained? ☐ Yes ☐ No

When your customer provides the signal person and/or rigger, do you require them to meet applicable OSHA requirements and have the required documentation available on site? ☐ Yes ☐ No

Does the pre-lift meeting address site-specific hazards and controls, including power lines, weather, exclusion zones, communications, and emergency stop procedures? ☐ Yes ☐ No

Must changes in load, crane configuration, rigging, personnel, lift path, or site/weather conditions be reassessed and communicated before proceeding? ☐ Yes ☐ No

Who approves a revised lift plan?

Does management require the following for all lifts?

Is there an employee on every jobsite with Stop Work Authority to stop or refuse a lift when unsafe conditions exist (e.g., weather, ground conditions, rigging issues, power line proximity)? ☐ Yes ☐ No

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Before setup and each repositioning, are outriggers/stabilizers fully deployed and set in accordance with the manufacturer's procedures?	Yes	No
Before each lift, is the crane level and supported as required by the manufacturer?	Yes	No
Before setup and operation, are ground conditions—including firmness, drainage, slope, compaction, and known underground hazards—verified as adequate, with mats, blocking, or cribbing used as needed to meet the manufacturer's support requirements?	Yes	No
Are all safety devices required to be operational prior to each lift?	Yes	No
Are load charts clearly posted in the cab?	Yes	No
Do you obtain the actual weight of the item prior to the lift and record it on the job ticket?	Yes	No

Describe OSHA violations during the past five years and corrective actions taken:

Submission Requirements

In addition to the Application, please include the following:

- ☐ 5 years of loss runs valued within 90 days of the effective date
- ☐ Narrative on all losses over $100,000
- ☐ Completed questionnaire, signed and dated
- ☐ Copy of an executed job ticket/standard rental agreement
- ☐ Copy of contracts used with subcontractors
- ☐ Crane Operator Certifications
- ☐ Copy of your safety manual
- ☐ List of all equipment: type, VIN, serial number, year, make, model and value
- ☐ Identify which cranes are licensed/tagged and subject to state financial responsibility laws

Claims Information

Please attach 5-year loss runs with complete claim detail.

Do you know of any unreported potential claims?	Yes	No

If yes, please describe:

Fraud Warnings

Alabama, Arkansas, Louisiana, New Mexico, Rhode Island, Texas, West Virginia, and other states not listed below:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska:

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona:

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California:

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to

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make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado:
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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

District of Columbia:
WARNING: 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.

Delaware:
Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

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

Hawaii:
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.

Idaho:
Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana:
A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky:
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.

Maine:
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.

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

Minnesota:
A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire:
Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey:
Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York:
Any person who knowingly and with intent to defraud any 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

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violation.

Ohio:

Any person who, with intent to defraud or knowing that he/she 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.

Oklahoma:

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.

Oregon:

Any person who knowingly and with intent to defraud or solicit another to defraud an insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Pennsylvania:

Any person who knowingly and with intent to defraud any 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 subjects such person to criminal and civil penalties.

Tennessee, Virginia, and Washington:

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.

Acknowledgement

NOTHING IN THIS APPLICATION SHOULD BE INTERPRETED TO MEAN THAT COVERAGE WILL BE OFFERED TO APPLICANT, OR THAT ANY PERSONS, EVENTS, OR OTHER SPECIFICS REFERENCED IN QUESTIONS, OR ANSWERS TO QUESTIONS, WILL BE COVERED UNDER ANY POLICY BOUND OR ISSUED TO APPLICANT.

This Application must be signed by an authorized partner, officer or other principal of Applicant.

Applicant Name:	Applicant Title:	FEIN:

Applicant Signature:	Date:	Email Address: