

Agent Name:  
Agent Address:

Contact:  
Phone #

## Crane And Rigging Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

\_\_\_\_\_ Web Address \_\_\_\_\_

\_\_\_\_\_ Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

### UNDERWRITING INFORMATION

1. Years in Business \_\_\_\_\_

2. Provide geographic area of operation \_\_\_\_\_

3. Estimated breakdown of total gross sales and payroll for the following categories

CATEGORY	PAYROLL	GROSS SALES
Crane rental with operator	\$ _____	\$ _____
Bare crane rental ( <b>Attach</b> rental agreement)	\$ _____	\$ _____
Heavy Hauling or machinery moving	\$ _____	\$ _____
Millwright work including machinery	\$ _____	\$ _____
Installation service and repair	\$ _____	\$ _____
Rigging (if done as a separate operation to above)	\$ _____	\$ _____
Miscellaneous (describe below)	\$ _____	\$ _____

4. Do you specialize in any particular field of operation or for any one specific industry?  Yes  No

If yes, provide complete details below. \_\_\_\_\_

5. Provide detailed description of all equipment used in operations (e.g. forklift, crane, etc.). \_\_\_\_\_

6. Provide detailed description including cost of last 5 jobs. (**Attach** separate sheet, if needed) \_\_\_\_\_

7. Is welding or electrical hook up involved with the operations? .....  Yes  No

**UNDERWRITING INFORMATION (Continued)**

8. Do you rent any equipment to others? .....  Yes  No  
 If yes, provide description of equipment including gross sales \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Number of employees by category	<b>UNION</b>	<b>NON-UNION</b>
Equipment operators	_____	_____
Technicians or maintenance personnel	_____	_____
Leased workers	_____	_____

**LOSS CONTROL & MAINTENANCE**

1. Is there a formal written loss control or safety program? .....  Yes  No

2. Is one employee responsible for your safety program? .....  Yes  No

Provide Name of individual. \_\_\_\_\_

Do you hold regular safety meetings with all employees on a regular basis? .....  Yes  No

3. Do you have screening and/or reference procedures for all new operators? .....  Yes  No

4. Are random drug or alcohol testing procedures outlined in a written manual provided to all employees? .....  Yes  No

5. What is the age requirement for operators? Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

6. Do you keep a written scheduled maintenance program of all equipment? .....  Yes  No

7. Do you have a formal report to be filed on all accidents or injuries? (**Attach** copy) .....  Yes  No

8. Do you obtain certificates of insurance on all crane rentals? .....  Yes  No

9. Do you obtain MVR's on all drivers? .....  Yes  No

10. Are all cranes inspected or certified? .....  Yes  No

If no, provide detailed information. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

11. Do you maintain Commercial Automobile Liability coverage on all units driven over the road? .....  Yes  No

If no, provide details. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If yes, provide carrier, limits, and policy term. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LOSS CONTROL & MAINTENANCE (Continued)**

12. Do you perform any of the following services? .....  Yes  No

If yes, provide details.

(a) Dual Lifts? .....  Yes  No

(b) Personnel lift, or placement? .....  Yes  No

(c) Work in excess of three stories? .....  Yes  No

(d) What is the maximum height of work performed? \_\_\_\_\_

13. Provide the following information for RIGGING performed for others:

(a) Estimated number of jobs performed annually. \_\_\_\_\_

(b) Estimated duration of each job. \_\_\_\_\_

(c) Number of jobs in progress at any one time. Maximum \_\_\_\_\_ Minimum \_\_\_\_\_ Average \_\_\_\_\_

(d) Cost or Value of each on hook installation. Maximum \_\_\_\_\_ Minimum \_\_\_\_\_ Average \_\_\_\_\_

14. **Attach** each item to this application.

- List Equipment including Manufacturer, Values, Serial Number, Tonnage, Boom length and Jib length.
- Financial Statement.
- Copy of Rental Agreement for equipment leased to others.
- Copy of Accident or Incident report.
- Copy of daily inspection log.
- Copy of loss control or safety plan.

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

\_\_\_\_\_  
 Producer's Signature                                  Date                                  Applicant's Signature                                  Date

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT**

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.