



Named Insured: \_\_\_\_\_

Insured Email Address\* (Required to Rate): \_\_\_\_\_

FEIN# (Required to Rate): \_\_\_\_\_

Physical Address: \_\_\_\_\_

DESCRIPTION OF OPERATIONS

- Lines of Business Submitted:
- Commercial General Liability
  - Commercial Auto/Mobile Liability
  - Umbrella/Excess
  - Inland Marine/Property
  - Contractors' Pollution

Complete Description of Operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Individual       Partnership       Corporation       Limited Corporation       Joint Venture

Other: \_\_\_\_\_

If other, list description: \_\_\_\_\_

Subsidiaries:	<u>Name</u>	<u>Operations</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

Years in business: \_\_\_\_\_

Years of experience of Principals: \_\_\_\_\_

List all states where applicant has any operations: \_\_\_\_\_

Average number of field operations employees: \_\_\_\_\_

Field operations gross payroll: \$ \_\_\_\_\_ Gross receipts: \$ \_\_\_\_\_

What percentage of work is offshore? \_\_\_\_\_ %    What percentage of work is wet or marshland? \_\_\_\_\_ %



**CRANE, RIGGING & HEAVY EQUIPMENT  
SUPPLEMENTAL APPLICATION**

Operations	Payroll	Annual Gross Receipts
Crane rental with operator	\$	\$
Crane rental without operator	\$	\$
Other equipment rental (describe below 1*)	\$	\$
Rigging when done as a separate from any of the above operations	\$	\$
Millwright — machinery moving and installation	\$	\$
Sales of equipment (2* indicate new/used)	\$	\$
Heavy hauling — Transportation of equipment	\$	\$
Contractors equipment other than cranes, derricks, power shovels, and equipment rented to others with operators (3*)	\$	\$
Contractors equipment other than cranes, derricks, power shovels, and equipment rented to others <u>without</u> operators (4*)	\$	\$
Steel Erection	\$	\$
Steel Fabrication	\$	\$
(1*)		
(2*)		
(3*)		
(4*)		

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 by applicant:

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a) What is the average on-hook exposure? \$ \_\_\_\_\_

b) What is the maximum on-hook exposure? \$ \_\_\_\_\_



Describe industries that provide a large percentage of applicant's work, i.e., utilities, oil field, refineries, bridges, commercial construction, industrial plants, stevedoring, etc.:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

a) If so, please list type of equipment: \_\_\_\_\_

b) Average expenditures for equipment leased or rented from others: \$ \_\_\_\_\_

Operators and Oilers are:  Union  Non-Union

Number of Operators: \_\_\_\_\_ Oilers: \_\_\_\_\_

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 the safety program? \_\_\_\_\_  Yes  No

If yes, please name: \_\_\_\_\_

c) Are weekly safety meetings held with field employees? \_\_\_\_\_  Yes  No

d) Is there a screen 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 kept on file for crane inspections? \_\_\_\_\_  Yes  No

h) Are cranes certified? \_\_\_\_\_  Yes  No

If yes, how often and by whom? \_\_\_\_\_

i) Are operators certified? \_\_\_\_\_  Yes  No

If yes, how often and by whom? \_\_\_\_\_

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

k) Do you order MVRs on all drivers/operators? \_\_\_\_\_  Yes  No

Do you use or have exposure to radioactive material? \_\_\_\_\_  Yes  No

If yes, describe and include protective measures: \_\_\_\_\_

Describe the use of any explosives in conjunction with your operations: \_\_\_\_\_

\_\_\_\_\_

Describe procedures when working with hazardous materials (i.e. acids): \_\_\_\_\_

\_\_\_\_\_

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 the safety field: \_\_\_\_\_ Percentage of time spent on safety: \_\_\_\_\_ %



How often are safety meetings held? \_\_\_\_\_

Are employees required to attend? - - - - -  Yes  No

Is a written loss control and job site safety plan updated regularly? - - - - -  Yes  No

Does the loss control and job safety plan address setup near powerlines? - - - - -  Yes  No

Describe the Safety Director's duties:

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

Describe any safety award program(s):

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



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**ATTENTION**

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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 INNACCURATE 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)

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.

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**Signature of Applicant**

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**Date**

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**Title (Officer, Manager, Partner, Owner)**

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**Signature of Broker**

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**Date**