

# Structural Movers Supplemental Application



## Business Information

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Name of Insured:

FEIN #

Address:

Email:

City/State/Zip:

Website:

Phone Number:

Effective Date:

Lines of Business Requested

GL

Prop

Auto

IM

WC

XS

States of Operation:

Years in Business:

## ANNUAL PROJECTIONS

Estimated Revenue

1st Year Prior

2nd Year Prior

3rd Year Prior

4th Year Prior

## Business Operations

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House/Building Raising ONLY:

House/Building Moving ONLY:

Heavy Equipment Moving/Rigging:

Foundation Installation/Repair:

Excavation:

Concrete Construction:

Subcontracted Work:

Do you utilize a standard customer contract? Please submit a copy.

Subcontractor Contract?  
Please submit a copy.

## RISK CONTROL

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Do you perform pre-hire background check & drug/alcohol testing?

Do you perform post-accident drug/alcohol testing?

Have you ever been involved in Joint Ventures or Partnerships?

Do you have a new hire safety orientation?

Have you ever been involved in any Controlled Insurance Programs? Wrap Up?

Comments:

## COMMERCIAL GENERAL LIABILITY SECTION

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How long has company been operating as a structural mover/lifter?:

What is the value of the largest item moved?

What is the average value of item moved?

What is the range of distant for the average move?

Do you utilize a Prime Mover?      Yes  
No

List Units Here:

Do you operate on Barges?      Yes  
No

Do you execute a contract with customers outlining all parties' obligations?      Yes  
No  
Provide a copy.

Who is responsible for utility hook ups & cut offs?

Are permits required for raising/moving operations?

Yes  
No

Are routes planned prior to a move?

Yes  
No

How is traffic handled?

Do you use an escort vehicle during move?

How are overhead power lines handled?

Do you use subcontractors? Provide Contract.

Yes  
No

## BUSINESS AUTO SECTION

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Do you allow company vehicles to be taken home by employees?

Yes  
No

Detail if yes was answered:

Is personal use permitted?

Yes  
No

Are MVRs reviewed annually?

Yes  
No

Do employees use their autos in the business?

Yes  
No

Will any Hired/ Non-Owned autos be used?

Any Statutory Filings Required?

Yes  
No

*Please describe what filings are needed/required?*

Any hauling of goods for others?

Yes  
No

Please describe:

# PROPERTY AND INLAND MARINE

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Do you outsource maintenance?      Yes      If Yes, Who?  
No

Do you have a waterborne equipment exposure?      Yes      Details if Yes:  
No

Do you lease/rent from others?      Yes      Max Value?  
No

Do you loan or borrow equipment?      Yes      Details if Yes:  
No

Provide details of equipment maintenance:

Estimated Annual Expenditures for leased/rented equipment from others?

Motor Carrier and DOT Number:

**Signature:**

Date:

**Signature of Producer:**

Date:

## Equipment List (Autos/Equipment):

Include Year/Make/Model/Vin/Serial #/Value/Cost New

Driver List (Provide Name/Date of Birth/State/DL #):