

## Crane and Rigging General Liability Supplemental (Complete in addition to Acord Application)

1. Agency Code: \_\_\_\_\_ Agency: \_\_\_\_\_  
 2. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web site: \_\_\_\_\_  
 3. Producer: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 4. Assistant: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Application courtesy of <http://www.insurance-applications.com>**

**General Information:**

5. Business Name (dba): \_\_\_\_\_  
 6. Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 7. Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 8. Email Address: \_\_\_\_\_  
 9. Please provide geographic area of operation: \_\_\_\_\_  
 \_\_\_\_\_  
 10. Please provide an estimated breakdown of total gross receipts and payroll for the following categories:

Category	Payroll	Gross Receipts
Crane rental with operator:	\$ _____	\$ _____
Crane rental without operator:	\$ _____	\$ _____
Bare crane rental (must provide rental agreement):	\$ _____	\$ _____
Heavy Hauling:	\$ _____	\$ _____
Millwright work including machinery:	\$ _____	\$ _____
Installation service and repair:	\$ _____	\$ _____
Rigging (if done as a separate operation as above):	\$ _____	\$ _____
Steel Erection:	\$ _____	\$ _____
Scaffolding:	\$ _____	\$ _____
Sales of equipment:	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

11. What is the average on-hook exposure? \$ \_\_\_\_\_  
 12. What is the maximum on-hook exposure? \$ \_\_\_\_\_  
 13. Do you specialize in any particular field of operation or for any one specific industry?  Yes  No  
 If yes, please provide complete details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Do you rent any equipment to others?  Yes  No  
 If yes, please describe including gross sales: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. Number of employees by category:

Category	Union	Non-Union
Operators:	_____	_____
Oilers:	_____	_____
Leased Workers:	_____	_____
Other: _____	_____	_____

**General Information:**

16. Do you perform any of the following services:

- ⇒ Dual Lifts?  Yes  No
- ⇒ Personnel lift, or placement?  Yes  No
- ⇒ Work in excess of three stories?  Yes  No
- ⇒ What is the maximum height of work performed? \_\_\_\_\_

**Application courtesy of <http://www.insurance-applications.com>**

17. Provide the following information for Rigging performed for others:

- ⇒ Estimated number of jobs performed annually: \_\_\_\_\_
- ⇒ Estimated duration of each job: \_\_\_\_\_
- ⇒ Number of jobs in progress at any one time:      Maximum: \_\_\_\_\_ Minimum: \_\_\_\_\_
- ⇒ Cost or value of each on hook installation: \_\_\_\_\_
- ⇒ Maximum value: \$ \_\_\_\_\_ Minimum Value: \$ \_\_\_\_\_ Average Value: \$ \_\_\_\_\_

18. Please describe the last 5 largest jobs performed by applicant:

Owner/Contractor	Type of Work	Gross Sales
		\$
		\$
		\$
		\$
		\$

**Safety & Maintenance:**

19. Is there a formal written loss control or safety program?  Yes  No  
If yes, please attach a copy.

20. Is one employee responsible for your safety program?  Yes  No  
If yes, please provide name: \_\_\_\_\_

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

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

23. Do you require pre-employment drug testing?  Yes  No  
Do you perform random drug tests on active employees?  Yes  No

24. What is the minimum and maximum age requirement for operators?  
⇒ Maximum: \_\_\_\_\_  
⇒ Minimum: \_\_\_\_\_

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

26. Is there a written daily crane inspection form for all equipment?  Yes  No  
If yes, please provide a copy.

27. Do you have a formal report to be filed on all accidents or injuries?  Yes  No

28. Do you obtain Certificates of Insurance on all crane rentals?  Yes  No

29. Are all cranes inspected or certified?  Yes  No  
If no, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**Attachments:**

- 32. Loss Runs if any.
- 33. Financial Statement.
- 34. Copy of daily inspection log.
- 35. Copy of accident or incident report.
- 36. Copy of loss control or safety plan.
- 37. List equipment including manufacturer, values, serial number, tonnage, boom length and jib length.

**READ AND SIGN BELOW:**

*I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED  
PRIOR TO COVERAGE BEING BOUND**