

Agency Name:
 Address:
 Contact Name:
 Phone:
 Email:

Machinery, Equipment And Rigging Supplemental Application

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

All questions must be answered in full. If necessary, attach a separate sheet of paper with complete details

All Applications must be signed and dated by the applicant

Applicant's Name: _____ Agent: _____

Applicant Mailing Address: _____ Applicant's Phone Number: _____

Applicant's Web Address: _____

Inspection Contact: _____

Proposed Policy Period: _____ to _____ Contact Phone Number: _____

Applicant is:

- Individual (Include Date of Birth): _____ Partnership (Include Dates of Birth): _____
 Corporation Joint Venture Other _____

UNDERWRITING INFORMATION

1. Years in Business _____

2. Provide geographic area of operation _____

3. Number of employees by category	Union	Non-Union
Equipment operators	_____	_____
Technicians or maintenance personnel	_____	_____
Leased workers	_____	_____

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

Category	Payroll	Gross Sales
Crane rental with operator	\$ _____	\$ _____
Bare crane rental (Attach 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)	\$ _____	\$ _____

5. Do you specialize in any particular field of operation or for any one specific industry? Yes No
 If yes, provide complete details below. _____

UNDERWRITING INFORMATION (Continued)

- 6. Provide detailed description of all equipment used in operations (e.g. forklift, crane, etc.). _____

- 7. Provide detailed description including cost of jobs performed during last 12 months. (**Attach** separate sheet, if needed)

- 8. Is welding or electrical hook up involved with the operations? Yes No
- 9. Do you rent any equipment to others? Yes No
If yes, provide description of equipment including gross sales _____

- 10. Do you rent any equipment from others? Yes No
If yes, provide description of equipment including gross sales _____
- 11. Is equipment rented with operator? Yes No
If yes, is operator's experience checked prior to equipment rental? Yes No

LOSS CONTROL & MAINTENANCE

- 1. Is there a formal written loss control, safety or training program? Yes No
- 2. How often do operators receive refresher training sessions? _____
- 3. Is one employee responsible for your safety or training program? Yes No
Provide Name of individual. _____
- 4. Do you hold monthly/quarterly safety meetings with all employees on a regular basis? Yes No
- 5. Do you have screening and/or reference procedures for all new operators? Yes No
- 6. Are random drug or alcohol testing procedures outlined in a written manual provided to all employees? Yes No
- 7. Do you keep a written scheduled maintenance program of all equipment? Yes No
Provide Name of individual responsible for the maintenance program. _____
- 8. Do you have a formal report to be filed on all accidents or injuries? (**Attach** copy) Yes No
- 9. Do you obtain certificates of insurance on all crane rentals? Yes No
- 10. Do you obtain MVR's on all drivers? Yes No
- 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. **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.

EQUIPMENT DETAILS, MAINTENANCE AND STORAGE

1. Is equipment stored:

(a) In a locked garage? Yes No

(b) On a lot? Yes No

If yes, is the lot fenced? Yes No

If yes, is the lot lighted? Yes No

(c) On a job site? Yes No

If yes, are there regular police patrols / drive-bys? Yes No

2. Is equipment immobilized during non-business hours (typically done by removing the rotor, battery, electric starter, spark plug or distributor)? Yes No

3. Are all cranes equipped with proximity warning devices that emit sirens, flash warning lights and/or shut down the vehicle when the boom gets too close to high voltage power lines? Yes No

4. Are all cranes equipped with load monitoring devices that force the crane to automatically shut down if a load is deemed to be "unsafe" (e.g. unbalanced, exceeds the crane's maximum lifting capacity)? Yes No

5. Are outriggers consistently used to help cranes maintain balance and stability? Yes No
If yes, is the ground checked for sufficient support prior to deployment? Yes No

6. Are ground spotters with tag lines and an experienced signal-person used when performing its crane operation? Yes No

7. Are load capacities checked before lifting? Yes No

8. Are tandem lifts performed? Yes No
If yes, how many times in one year are tandem lifts performed? _____

CRANE OPERATORS

CHECK IF NO EXPOSURE

1. What is the age requirement for operators? Minimum _____ Maximum _____

2. Do any of the crane operators have less than 5 years experience? Yes No

3. Are all crane operators licensed? Yes No

4. Are all crane operators certified? Yes No

5. Are any crane operators unionized? Yes No

6. Are crane operators required to do a daily pre-start inspection? Yes No

7. Are crane operators required to complete a daily inspection check sheet? Yes No

RIGGING OPERATIONS

CHECK IF NO EXPOSURE

1. Provide the following information for RIGGING performed for others:
 - (a) Estimated number of jobs performed annually and annual receipts. _____
 - (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 _____
 - (e) Weights of each on hook installation Maximum _____ Minimum _____ Average _____
 - (f) Heights of each on hook installation Maximum _____ Minimum _____ Average _____
2. Provide description of rigging work _____

CLAIM INFORMATION

Have there ever been losses? Yes No

If yes, what loss prevention actions have been taken? _____

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

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 misstated. 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.

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 – FOR THE STATE(S) OF:

Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:

NOTICE: Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution,*) fines and confinement in prison (For Alabama add: *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 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:

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.

Delaware, Idaho:

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

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.

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.

Indiana

Any 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.

Kansas

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

Application Forms: 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, Tennessee, Virginia, 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 may include imprisonment, fines, or a denial of insurance benefits.

Massachusetts, Nebraska, Vermont:

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

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 NH Rev. Stat. § 638:20.

New Jersey

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

New Mexico

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 civil fines and criminal 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 violation.

Ohio

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.

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 presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

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.

Producer's Signature Date Applicant's Signature Date