

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

Millwright And Riggers 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 And Mailing Address	Agent / Producer Information
_____ _____ _____ _____ Business Name or Trading Name: _____ Proposed Policy Period: _____ to: _____	_____ _____ _____ Applicant's Phone Number: _____ Applicant's Web Address: _____ Inspection Contact: _____ Contact Phone Number: _____
Applicant is: <input type="checkbox"/> Individual (Include Date of Birth): _____ <input type="checkbox"/> Partnership (include Dates of Birth): _____ <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture or <input type="checkbox"/> Other _____ Years in business: _____ Years of Experience in this field: _____	

Location #1 _____
 Location #2 _____
 Location #3 _____

UNDERWRITING INFORMATION

1. Years of Experience in this field? _____
2. **Explain All "Yes" Responses (attach separate sheet, if needed)**
 - a. Has the Acord 125 been completed? Yes No
Attach Acord application with complete information.
 - b. Any operations sold, acquired, or discontinued in the last 5 years? Yes No
 - c. Machinery or equipment loaned or rented to others? Yes No
 If yes, **attach** rental agreement and list of items.
 - d. Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous material; e.g., landfills, wastes, fuel tanks, etc.? Yes No
 - e. Any parking facilities owned or rented? Yes No
 - f. Do you lease employees to or from other employers? Yes No
 - g. Participation in trade shows, exhibits or conventions? Yes No
 - h. Recreation facilities provided? Yes No
 - i. Sporting or social events sponsored? Yes No
 - j. Any structural alterations contemplated? Yes No
 - k. Any demolition exposure contemplated? Yes No
 - l. Any watercraft, docks or floats owned, hired or leased? Yes No

Explain: _____

UNDERWRITING INFORMATION (Continued)

3. Enter the % of the risks operation which falls into each of the following categories

- Fabrication of structural steel-load bearing for conventional steels structures, complex steel structures and major steel bridges.%
Installation, dismantling, disassembly, repair and/or replacement of machinery or equipment (millwright).....%
Lifting and positioning machinery or equipment using a crane, gantry or the boom of a fork lift (rigging).%

4. Does the insured perform any steel erection work for conventional steel structures? Yes No
If yes, what % of the risk's operations?.....%

5. Does the applicant have the following controls in place for their steel erection operations?

A documented and enforced fall protection/steel erection program including

- Ladder & scaffold inspection program, including training Yes No
- An OSHA Competent Scaffold Person inspecting all scaffolding before use. Yes No
- Procedure for crane placement near overhead power lines, including a minimum clearance of 17 feet. Yes No
- Crews trained in emergency procedures if high voltage contact is made..... Yes No
- Spotter always used during crane set-up..... Yes No
- Rigging and connecting crews provided with appropriate PPE (personal protective equip.)..... Yes No
- Quality control procedures with structural steel bracing strategy..... Yes No
- Architectural and field/shop plan changes communicated and documented..... Yes No

6. Does the applicant perform any of the following operations?

- Steel erection over three stories. Yes No
- Steel erection work for complex steel structures or major steel bridges. Yes No
- Crane rental (with or without operators) greater than 5% of total operations..... Yes No
- Tank fabrication or construction. Yes No
- Use of air cranes, including helicopter lifts. Yes No
- Use of water rigs used in water for water lifts. Yes No
- Dam work, cofferdams or caisson building. Yes No
- Subway or tunnel construction. Yes No
- Professional design..... Yes No
- Erection of transformers or poles, or installation of transformers outside of buildings. Yes No
- Any PCB exposure..... Yes No
- Millwright installation or maintenance of central station equipment or oil/gas burners. Yes No
- Inspection of cranes for others..... Yes No
- Asbestos or lead work..... Yes No

UNDERWRITING INFORMATION (Continued)

7. Does the applicant perform any of the following operations?

- Use of lift systems like robocranes, twin lifts or climbing tower cranes..... Yes No
- Chemical/petrochemical or oil/gas well work. Yes No
- Subcontracting to other more than 25% of total operations..... Yes No
- Use of derricks. Yes No
- Incidental work on bridges or bridgework where only incidental USL&H exists (No Jones Acts exposure)..... Yes No
- Dual crane lifts. Yes No
- Any operation with leased employees? If yes provide copy of contract..... Yes No
- Equipment rented to others with or without operator in excess of 15% of annual receipts..... Yes No
- Operations requiring Riggers Liability limits higher than \$500,000..... Yes No
- Hauling over 100 miles. Yes No

8. Does the applicant subcontract any operation? Yes No

If yes,

- Does the applicant use standard subcontract (AGC, AIA contacts)? Yes No
- Does applicant obtain Certificates of Insurance from all subcontractors? Yes No
- Is the applicant named as an additional insured on all subcontractors' policies? Yes No
- Does the applicant use written subcontractor agreements containing hold harmless/indemnity agreements in favor of the applicant? Yes No
- Does the applicant restrict the use of uninsured contractors? Yes No
- Does the applicant have a Subcontractor evaluation program? Yes No

Describe the type of work & percent subcontracted.

9. Are all shop drawings approved by the Engineer of Record? Yes No

10. Does the applicant have an architect or engineer on staff? Yes No

If Yes, does the applicant carry professional liability insurance? Yes No

If No, does the applicant require that the architect or engineer carry their own professional liability insurance?

..... Yes No

Is there a journeyman millwright on the jobsite at all times? Yes No

What type of training is required of employees? Describe: _____

11. Describe your last three jobs.

CONTRACTUAL LIABILITY

Describe All Hold Harmless Agreements – include Dates, Contracting Party, Cost (**Attach** Copies).

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

Name And Address	Relationship to Applicant	Additional Insured	Certificate
	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>

Has the applicant been cancelled or non-renewed in the last three years? If yes, Explain.

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