

1. Proposed First Named Insured & Other Named Insured(s): _____
2. Mailing Address _____ Street _____ City _____ County _____ State _____ ZIP Code _____
3. Web Site Address: _____
4. Proposed Effective Date: From: _____ To: _____

BUSINESS INFORMATION

5. Number of Years in Business under present name: _____
6. Description of Operations: _____
7. Geographic area of operation by state: _____
8. Estimated breakdown of Gross Receipts & Payrolls for the following categories:

	Payrolls	Receipts
Crane Rental with Operator	\$	\$
Bare Crane Rental	\$	\$
Millwright work including installation & repair	\$	\$
Steel Erection	\$	\$
Rigging (if done separately from any of the above)	\$	\$
Heaving Hauling	\$	\$
Sales of Equipment	\$	\$
Miscellaneous (describe):	\$	\$
Total	\$	\$

9. Describe the kinds of materials/equipment that are typically lifted by your cranes: _____
- a. Average on-hook exposure: _____ U.S. \$ _____
- b. Maximum on-hook exposure: _____ U.S. \$ _____
10. Industries and/or customers the risk predominantly services (e.g. Commercial Construction, Industrial, Marine, Utility, Refineries, etc.): _____

EXPERIENCE

11. Average number of years of experience for your equipment operators: _____
12. Minimum number of years required for an equipment operator: _____
- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 13. Is there a screening process for new operators?
Explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are crane operators certified?
If yes, indicate percentage: _____ % | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Does applicant lease employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Does applicant have Worker's Compensation in place? | <input type="checkbox"/> | <input type="checkbox"/> |
17. List equipment rented with operator: _____
18. List equipment rented without operator: _____

LOSS CONTROL & MAINTENANCE

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 19. Is there a formal loss control or safety program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Is safety manager responsible for the safety program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do you order MVRs for all drivers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Are regular safety meetings held with employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Is there a schedule maintenance program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Is there a written form for crane inspections? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Is there an accident report form? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Are cranes certified? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, how often and by whom: | | |

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 27. On all Bare Rentals, are Certificates of Insurance obtained from all lessees? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Is Insured (Lessor) named as Additional Insured on lessee's policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Does lessee carry a minimum General Liability limit of \$1,000,000? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Does contract contain Hold Harmless/Indemnification Agreement in your favor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Does the risk perform dual/tandem lifts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Does applicant frequently assign the same crane to the same operator whenever possible? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Does equipment have an alarm device detecting: | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Maximum load capacity | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Wind gusts exceeding safe limit | <input type="checkbox"/> | <input type="checkbox"/> |

EQUIPMENT

Attach a list of equipment with values and a copy of Rental Agreement including Bare Rental Contracts if possible.

Load capacity of applicant's cranes:

Maximum: _____ Minimum: _____

LOSSES/JOB HISTORY

Attach currently valued loss history on a first dollar basis for the past 3 years.

34. Total number of employees:

35. Provide 5 years Receipts and Payroll history.

Year	Payrolls	Receipts
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

36. Describe the 5 largest recently completed jobs within the past 3 years, including receipts.

Description of Job	Receipts
	\$
	\$
	\$
	\$
	\$

37. List any current and/or pending jobs for the upcoming policy period, including receipts.

	Receipts
	\$
	\$
	\$

CURRENT INSURANCE COVERAGE

Carrier:		Limits:	
Deductible:		Premium:	
Riggers:	\$	Any One Rigging Project	
	\$	Catastrophe Limit	
	\$	Rigging Receipts	

FRAUD STATEMENTS

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.

LOUISIANA and MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

IMPORTANT NOTICE**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Agent Name and Address		
