

- 1) Full Name of Insured including all owned or controlled subsidiaries:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 2) Current Mailing Address: \_\_\_\_\_  
Location Address: \_\_\_\_\_  
Federal ID Number: \_\_\_\_\_  
Applicant's Website: \_\_\_\_\_
  
- 3) \_\_\_ Individual \_\_\_ Co-Partnership \_\_\_ Corporation \_\_\_ Other\*\*  
\*\*Description of Other: \_\_\_\_\_
  
- 4) a) # of Years in business under the present name? \_\_\_\_\_  
b) If less than 5 years, please provide (under separate attachment) a resume' of principal's applicable experience and/or previous name (s) of company.  
c) Name of person to be contacted in your organization for purpose of inspection.  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_
  
- 5) a) What is the full geographic area of operation, % applicable by state:  
\_\_\_\_\_  
b) Is equipment located in areas subject to any of the following: Flood, Landslide, Windstorm, Snow Slide, Earthquake? Yes  No   
(If yes, explain to which): \_\_\_\_\_
  
- 6) Effective Date: \_\_\_\_\_;  
If Mid-term Replacement, please detail reasons for replacement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 7) Description of all operations with % breakout of commercial vs. residential: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 8) What kind of goods/equipment are typically lifted by your cranes? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 9) a) What is the average on-hook exposure: U.S. \$ \_\_\_\_\_  
b) What is the maximum on-hook exposure: U.S. \$ \_\_\_\_\_  
c) Provide details of any additional contractual transfer back to the Insured's client:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10) Please provide estimated breakdown of annual gross receipts and payroll.

	<u>Payroll</u>	<u>Receipts</u>
Crane Rental with Operator	_____	_____
Bare Crane Rental	_____	_____
Millwright Work	_____	_____
Steel Erection	_____	_____
Concrete Erection	_____	_____
Rigging (if done separately)	_____	_____
Sale of New Equipment *	_____	_____
Sale of Used Equipment **	_____	_____
Scaffolding	_____	_____
Miscellaneous (describe)	_____	_____
_____		
_____		

Please describe any installation, repair or removal work for any of the above classes:

Please advise any related association that you are a member of: \_\_\_\_\_

(\*) New Equipment Sales:

- a) Is Insured included as an Additional Insured on Mfg's policy? Yes  No   
 If (yes) please provide current Certificate of Insurance from Mfg listing Insured as an Additional Insured.
- b) Does Insured have applicable Vendors' coverage in effect from Mfg? Yes  No   
 If (yes) please provide copy of current endorsement confirming Vendors' coverage on Insured's behalf.
- c) Does Insured offer any Warranty(s) other than the Mfg's Warranty representation? Yes  No   
 If (yes) describe in full any Warranty representation made by Insured.

(\*\*) Used Equipment Sales:

- a) Does the Insured provide any Warranty representation for any Used Equipment? Yes  No   
 If (yes) please provide a complete copy of Insured's Warranty Representation(s).

11) Advise if one or a few industries/customers provide a large % of your work (i.e. Utilities, Marine, Stevedoring, Oilfield, Bridges, Commercial Construction, Industrial Plants, etc.)

\_\_\_\_\_

\_\_\_\_\_

12) a) Do you rent equipment other than cranes? Yes  No

b) If yes, please describe kind of equipment. \_\_\_\_\_  
 \_\_\_\_\_

c) Copy of rental agreement included? Yes  Copy attached or No  N/A

d) What are the revenues with operator (including installation, repair and removal) \$ \_\_\_\_\_  
 \_\_\_\_\_

e) What are the revenues without operator (including installation, repair & removal)  
 \_\_\_\_\_  
 \_\_\_\_\_

f) What are your expected expenditures in Rented/Leased equipment rented FROM OTHERS?  
 \_\_\_\_\_

13) Operators and oilers are \_\_\_\_ Union \_\_\_\_ Non-Union  
 Number of operators \_\_\_\_\_ Oilers \_\_\_\_\_ All Other Employees \_\_\_\_\_

14) Please advise if you have the following:

a) Loss Control & Maintenance Yes  No

b) A formal Loss Control/Safety Plan in effect Yes  No

c) Safety Manager responsible for safety program? Yes  No

(Name of Safety Manager / Phone # \_\_\_\_\_)

d) Regular safety meetings conducted with employees? Yes  No

e) Screening or reference process for new operators? Yes  No

f) A minimum age for operators? What age? \_\_\_\_yrs Yes  No

g) A scheduled maintenance program in effect? Yes  No

h) A written form for crane inspections? Yes  No

i) An incident report form? Yes  No

15) Please advise the following:

a) Are cranes certified? Yes  No   
 If so, how often & by whom? \_\_\_\_\_  
 \_\_\_\_\_

b) Are certificates required by lessees on bare rentals? Yes  No

c) Do you perform dual/tandem lifts? Yes  No

If so, describe the co-ordination controls used: \_\_\_\_\_  
 \_\_\_\_\_

d) Are weights determined before all lifts? Yes  No

- e) Are outriggers fully extended and suitable soil and/or ground base checked before use? Yes  No
- f) Are cranes and rigging inspected daily by operator prior to use? Yes  No
- g) Are mats for crawlers used? Yes  No
- h) Are boom angle indicators available and utilized? Yes  No
- j) Are load charts used for all lifts? Yes  No
- k) Describe overturn prevention procedure for equipment operated on barges, in culverts or cofferdams, falsework or temporary piers? \_\_\_\_\_  
\_\_\_\_\_
- l) Describe the communication techniques employed during lifts? \_\_\_\_\_  
\_\_\_\_\_
- m) Are professional engineers available to determine adequacy of equipment for lifts?  
Yes  No
- n) Any losses over \$5,000 in the past 5 years? Yes  No
- o) How long are maintenance and inspection records kept? \_\_\_\_\_

16) Please provide full descriptions of the five (5) largest jobs performed by you within the last 3 years. Please include who you worked for; description of job and the gross receipts generated for the job.

- a) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- d) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- e) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17) Please provide a list of your five (5) largest PENDING jobs and include who you will be working for, description of your job and the estimated gross receipts generated for the job.

- a) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

d) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

e) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	<u>Payroll</u>	<u>Receipts</u>
18) Full five (5) Year Receipts/Payroll History (*)	2005 _____	_____
	2004 _____	_____
	2003 _____	_____
	2002 _____	_____
	2001 _____	_____

(\* Please note in applicable year of any acquisition or sell off by the Insured and describe details hereunder)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

19) Schedule of Drivers and Operators (use additional page if necessary)

Name _____	DOB _____	License # _____	Yrs Experience _____
Name _____	DOB _____	License # _____	Yrs Experience _____
Name _____	DOB _____	License # _____	Yrs Experience _____
Name _____	DOB _____	License # _____	Yrs Experience _____
Name _____	DOB _____	License # _____	Yrs Experience _____

20) Current/Prior Carrier Information – Need Past 5 Years

Insurer \_\_\_\_\_ Effective Date / Term \_\_\_\_\_  
 Policy Number \_\_\_\_\_ Premium \_\_\_\_\_  
 Limits \_\_\_\_\_ Deductible/SIR \_\_\_\_\_

Insurer \_\_\_\_\_ Effective Date / Term \_\_\_\_\_  
 Policy Number \_\_\_\_\_ Premium \_\_\_\_\_  
 Limits \_\_\_\_\_ Deductible / SIR \_\_\_\_\_

Insurer \_\_\_\_\_ Effective Date / Term \_\_\_\_\_  
 Policy Number \_\_\_\_\_ Premium \_\_\_\_\_  
 Limits \_\_\_\_\_ Deductible/SIR \_\_\_\_\_

Insurer \_\_\_\_\_ Effective Date / Term \_\_\_\_\_  
 Policy Number \_\_\_\_\_ Premium \_\_\_\_\_  
 Limits \_\_\_\_\_ Deductible/SIR \_\_\_\_\_

Insurer \_\_\_\_\_ Effective Date / Term \_\_\_\_\_  
 Policy Number \_\_\_\_\_ Premium \_\_\_\_\_  
 Limits \_\_\_\_\_ Deductible/SIR \_\_\_\_\_

### COMMERCIAL BUSINESS AUTO SUPPLEMENT

(Only complete if you own Commercial Business vehicles)

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.) Do any vehicles have permanently attached equipment?<br>(If yes, describe equipment and vehicle to which attached or use Acord app) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|   |                              |                             |
|   |                              |                             |
|   |                              |                             |
| 2.) Does the Insured work with or transport hazardous materials?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.) Does the Insured have driver hiring criteria in place?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4.) Does the Insured have a Drug/Alcohol testing program for their employees?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5.) Does the Insured provide Safety Incentive Awards?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6.) Does the Company allow vehicles to be taken home by their employees?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7.) Is personal use by the employee permitted?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8.) Is there a written policy for vehicles taken home? (If yes, please attach a copy)   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please attach the following:

- a) List of equipment including year, make, model, serial numbers & values.
- b) Copy of rental contracts or work agreements including bare rental contracts.
- c) Five (5) years currently valued (within 60 days) (all lines) hard copy carrier loss runs.
- d) Financials (Required for all accounts with deductibles  $\geq$  \$25,000).
- e) Copy of all crane certifications (Optional Inland Marine Coverage).
- f) Copies of all operator certifications (Optional Inland Marine Coverage).

Signed Proposal Form

*It is understood and agreed that the signed proposal form by the Assured, forms part of this policy and that underwriters hereon shall rely upon the information to determine the acceptability, rates and coverage.*

*It is further understood and agreed that any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage and denial of claims if any.*

*It is further understood that the applicant and/or affiliated company is under a continuing obligation, immediately to notify his/her underwriters through the insurance agent/broker of any material alteration to the information given.*

*All other term, clauses and conditions remain unchanged.*

Date: \_\_\_\_\_ Insured's Name & Title \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Producer / Agency Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_