

CRANE APPLICATION

1. Full Name of Insured including all owned or controlled subsidiaries:

2. Current Mailing Address: _____

Location Address: _____

Federal ID Number: _____

Applicant's Website: _____

MC Docket Number: _____

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 the principal's applicable experience and/or previous name (s) of the company & **current financials**.

c) Name of person to be contacted in your organization for purpose of inspection:

Name: _____ Phone #: _____ Email Address: _____

5. a) What is the full geographical area of operation; % applicable by state: _____

b) **Please list applicable % of jobs located in major metropolitan area(s):** _____ %; _____ N/A

If applicable, metropolitan area(s) is / are: _____

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 kinds of goods/equipment are typically lifted by your cranes?

or if N/A Yes No

9. a) What is the average on-hook exposure: US \$ _____ **or** if N/A Yes No

b) What is the maximum on-hook exposure: US \$ _____ **or** if N/A Yes No

c) Please provide details of any additional contractual transfer back to the Insured's client:



10. Please provide estimated breakdown of annual gross receipts & payroll.

	Payroll	Receipts
Crane Rental with Operator		
Bare Crane Rentals		
Contractors Equipment Rental to Others		
Bridge Construction / Reconstruction		
Caisson or Cofferdam Work (need specific job details)		
Dam Construction / Reconstruction (need specific job details)		
Docks / Piers / Pile Driving / Jetty Breakwater Construction		
Millwright Work		
Iron / Steel Erection		
Steel Fabrication (AISC Member _____ Yes/ No)		
Concrete Erection		
Rigging (if done separately)		
Sale of New Equipment*		
Sale of Used Equipment**		
Scaffolding / Hoists		
Street or Road Construction / Reconstruction		
Telecommunication Construction		
Sub Contractors (*see below)		
Miscellaneous (describe in full)		



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

Please advise any related association that you are a current member of: _____

Sub Contractor Operations & Description: _____

Cert of Insd Required: ___ Yes ___ No; ___ Required GL Limits: _____ Primary: _____

Excess/Umbrella: _____; **Per Project Aggregate Endst required:** ___ Yes ___ No

(*) New Equipment Sales:

a) Is the insured included as a Vendor and/or Additional Insured on the Mfg's policy?

___ Yes ___ No

If (yes) please provide a current Certificate of Insurance from the Mfg that shows the inclusion of the Insured as a Vendor and/or Additional Insured

b) Does the Insured offer any Warranty(s) other than the Mfg's Warranty Representation?

___ Yes ___ No.

If (yes) describe in full any Warranty Representation made by the 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 the Insured's Warranty Representation(s).

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

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

If (yes), please describe equipment _____

b) Copy of rental agreement included? Yes (**copy attached**); No NA

c) What are the revenues **with** operator (includes installation, repair & removal) \$ _____

d) What are the revenues **without** operator (includes installation, repair & removal) \$ _____

e) What are your expected expenditures in rented/leased equipment **from others?** \$ _____

13. Operators & Oilers are Union Non-Union

Number of Operators _____ Oilers _____ All Other Employees _____

Are crane operators NCCCO certified: _____ (#) **Yes or** **No**

Operating in full compliance with State/s operational and/or licensing requirements Yes No

or describe the reasons for the non-compliance. _____

14. Please advise if you have the following:

a) Loss Control & Maintenance Yes No

Copy of maintenance record specimen (attached) Yes No

Copy of maintenance record (attached) for all cranes +20 yrs old Yes No

Are equipment inspections in compliance with Local, State & Federal Regulations? Yes No

b) A formal Loss Control/Safety Plan in effect? (**attach copy**) 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

Are all operators licensed / certified. If not, please explain below: Yes No

Attach list of all operators, including DOB. Yes No

g) A scheduled maintenance program in effect? Yes No

h) A written form for crane inspections? (**attach copy**) Yes No

i) An accident/ incident report form? Yes No

15. Please advise regarding the following:

a) Are cranes certified? Yes No (If (yes) how often & by whom? _____)

b) Are insurance certificate required by Lessee on bare rentals? Yes No

* **Attach copy of rental agreement herein?** Yes No

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

If (yes), describe the co-ordination controls used: _____

d) Are weights determined before all lifts? Yes No

e) Are outriggers fully extended & suitable soil and/or ground base checked before use? Yes No

f) Are cranes & rigging inspected daily by the operator PRIOR to use? Yes No

g) Are mats for crawlers used? Yes No

h) Are boom angle indicators available & utilized? Yes No

i) Are load charts used for all lifts? Yes No

j) Describe overturn prevention procedure for equipment operated on barges, in culverts of cofferdams, falsework or temporary piers? _____

k) Describe the communication techniques employed during these lifts: _____

l) Are professional engineers available to determine adequacy of equipment for lifts? Yes No
If employees, please describe herein: _____

m) Any losses over \$5,000 in the past 5 years? Yes No

n) How long are maintenance & 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, **heights over 5 stories** & the applicable receipts generated for the job.

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____

17. Please provide full descriptions of the **five (5) largest jobs** PENDING jobs and include who you will be working for, description of your job, **heights over 5 stories** & the estimated receipts generated for the job.

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____

18. Full five (5) Year Payroll/Receipts History (*)

	Payroll	Receipts
2014		
2013		
2012		
2011		
2010		

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

19. Schedule of Drivers & 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

Insurer: _____ Policy Term _____ Policy # _____ Limits _____
 Premium _____ SIR/Deductible _____ Riggers Incl: _____ Yes _____ No

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Insurer: _____ Policy Term _____ Policy # _____ Limits _____
 Premium _____ SIR/Deductible _____ Riggers Incl: _____ Yes _____ No

Insurer: _____ Policy Term _____ Policy # _____ Limits _____
 Premium _____ SIR/Deductible _____ Riggers Incl: _____ Yes _____ No

Insurer: _____ Policy Term _____ Policy # _____ Limits _____
 Premium _____ SIR/Deductible _____ Riggers Incl: _____ Yes _____ No



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IN ORDER TO PROVIDE YOU WITH TIMELY UNDERWRITING OF THE SUBMISSION, PLEASE INCLUDE THE FOLLOWING WITH YOUR SUBMISSION:

- a) **GL Acord application – signed, dated & fully completed;**
- b) **Heavy Commercial Construction Contractors Supplemental Application – signed, dated & fully completed;**
- c) **List of Equipment including year, make, model, serial numbers & values;**
- d) **Specimen copy of equipment maintenance/inspection report;**
- e) **Copy of recent crane certification for equipment > +25 years of age;**
- f) **Copy of rental contracts or work agreements including bare rental contracts;**
- g) **Copy of specimen job ticket;**
- h) **Currently valued audited financials;**
- i) **List of all operators including license #, DOB & years of experience;**
- j) **Five (5) years currently valued (within 60 days) hard copy Carrier loss runs with specific details for all losses at \$10,000 and greater.**
- k) **Copy of Safety Program**
- l) **Copy of expiring policies**

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

It is further understood & agreed that misrepresentation or omission may constitute grounds for immediate cancellation of coverage & potential denial of claims if any.

It is further understood & agreed 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 terms & conditions remain unchanged.

Date: _____ Insured's Name & Title: _____

Applicant's Signature: _____

Producer/Agency Name: _____

Phone # _____ Fax # _____