



Crane & Rigging Application

1. Named Insured including all Owned or Controlled Subsidiaries _____
 (Include a Description of Operations for ALL Entities _____)

Mailing Address: _____
 List All premises/locations of the insured: _____

2. Individual Co-partnership Corporation
 Other (describe) _____
- 3.a) Years in Business under your present name? _____ b) Inspection Contact _____
 Phone _____
- c) Have you ever operated under another name? Explain _____
 d) Is the applicant a subsidiary of another entity? Explain _____
 e) Has a predecessor company or any other company owned in whole or part by any owner, applicant, or affiliate of the applicant ever been involved in any bankruptcy proceedings whatsoever? Yes No
 If yes, explain _____
 f) Do you hold a current license to operate? Yes No Expiration Date: _____

Description of Operations & Safety Controls

4. What is your geographic area of operation? _____
 5. Effective Dates _____
 6. Please provide a COMPLETE description of Operations _____

 7. Do you have a formal written safety program? Yes No
 8. Who is in charge of safety? _____ Years of experience _____
 9. Do you hold periodic safety meetings? Yes No How often? _____
 10. What criteria is used to determine qualifications for employment by the applicant as an operator? _____
 11. Do you have the following hiring practices for crane operators:
 a) Check prior employment of crane operators? Yes No
 b) Pre-employment check of eyesight? Yes No
 c) Pre-employment physicals? Yes No
 d) Pre-employment drug tests? Yes No
 e) Pre-employment reading skills test for comprehension of technical instruction? Yes No
 12. Describe your current operator training programs including skill upgrading when experienced operators are assigned newer and more sophisticated equipment; emphasis placed on the accuracy of calculations; instructions in the care and inspection of equipment; and general safe work procedures.

 13. In your state or city of operation, are your crane operators required to be licensed? Yes No
 If yes, what are the licensing requirements? _____
 a) Are your operators? Union Non-union
 Number of operators _____ Oilers _____ All other Employees _____

Crane Equipment & Maintenance

14. Is each crane certified annually? Yes No
 15. Do you inspect crane prior to and after each rental with the assistance of a written inspection form? Yes No

Post-it® Fax Note	7671	Date	4/6/01	# of pages	▶
To	Beth Bruggeman	From	Bill Reggie		
Co./Dept.		Co.			
Phone #		Phone #			
Fax #		Fax #			

- 16. Do you maintain records on the purchase of wire rope & chains? Yes No
- 17. Do you require the supplier of wire rope and chains to provide evidence of products liability? Yes No
- 18. Are booms used interchangeably among cranes? Yes No
- 19. Are load charts & safe operating instructions posted in each crane cab? Yes No
- 20. Are your cranes equipped with overload indicators and or extension indicators which give an audible and visual warning when the crane is overloaded or extended beyond recommended limits? Yes No
- 21. Are your cranes equipped with mechanical boom length indicators? Yes No
- 22. Are your cranes equipped with anti two-blocking devices? Yes No
- 23. Are your cranes equipped with an alarm device that consists of an anemometer and an audible and visual signal that indicates when gusts of wind exceed maximum limit for safe operation?
If yes, are they set at 35 mph and grounded to avoid lightning hazard? Yes No
- 24. Do you use personnel buckets? Yes No
- 25. Are your cranes fitted with a lock out device on the main breaker to prevent unauthorized persons from using them? Yes No
- 26. Are "deadman" controls installed to immobilize your cranes if the operator becomes disabled? Yes No
- 27. Is there a scheduled replacement program? Yes No
- 28. Where are the cranes and related equipment stored when not in use? _____

- 29. Do you have a formal maintenance program for your cranes and related equipment? Yes No
- 30. Are maintenance files kept on each crane showing date of routing checks, repair work and overhauls? Yes No
- 31. Are all parts and attachments inspected and maintained to manufacturers specifications? Yes No
- 32. Who does your in-house repairs and what is their experience/training? _____
- 33. Who handles your outside repair or maintenance work? _____
- a) Do you obtain evidence of general liability insurance? _____

Operating Procedures & Practice

- 34. Do you follow the operating procedures and practices according to OSHA publication number 78-182? Yes No
- 35. Are front bumper counter-weights checked for proper placement? Yes No
- 36. Are pre-lift testing & site surveys done? Yes No
- 37. When working near utility lines, do you require cranes to be grounded? Yes No
- 38. When working near utility lines, do you have the utility company de-energize the power? Yes No
- 39. What procedures are in place regarding the use of signals (communications)? Yes No
- 40. Are measures taken to prevent drug and/or alcohol use on the job? Yes No
- 41. Do you rent cranes without operators?
If yes, what percentage of receipts? _____ Yes No
- 42. When renting without operators, how do you determine the ability of the lessee's crane operator? _____

Riggers Liability

- 43. Annual Number of Jobs? _____
- 44. Average Duration of Job? _____
- 45. Number of jobs in progress any one time Maximum _____ Average _____
- 46. Cost or value of each (on hook) installation
Maximum Value _____ Minimum Value _____ Average Value _____

Contractual Liability

(a copy of your lease agreement must accompany this application)

- 47. Do you require the rental agreement be completed and signed before beginning a job? Yes No
- 48. Are any modifications or changes to the agreement also signed & dated? Yes No
- 49. Does your rental agreement or work order state the crane load capacity? Yes No
- 50. Do you require each lessee to provide proof of comprehensive insurance prior to the rental of equipment? Yes No
- 51. Have you had your rental agreement reviewed by legal counsel? Yes No

Product Liability and Completed Operations

- 52. Do you buy and sell cranes? Yes No
- 53. Do you maintain, repair, or recondition cranes for other crane companies? Yes No

Policy Rating Information

54. Please provide an estimated breakdown of gross receipts and payroll for the following categories:

	<u>Payroll</u>	<u>Receipts</u>
a) Millwright work including installation & repair:	\$ _____	\$ _____
b) Steel Erection:	\$ _____	\$ _____
c) Crane Rental with Operators:	\$ _____	\$ _____
d) Crane Rental without Operators:	\$ _____	\$ _____
e) Rigging if done as a complete & separate Operation to any of the above:	\$ _____	\$ _____
f) Bare Crane Rental:	\$ _____	\$ _____
g) Heavy Hauling:	\$ _____	\$ _____
h) Miscellaneous (describe):	\$ _____	\$ _____
Totals:	\$ _____	\$ _____

Prior Carrier Information

Expiring Carrier _____ Limit _____
 Premium _____ Deductible _____

We warrant the information contained herein is true and accurate and that it shall be the basis of the policy of insurance and deemed incorporated therein the event the Company evidences its acceptance of this application by issuance of a policy.

Signature of Applicant _____ Date _____

Print Applicant Name _____

Signing this form does not BIND the applicant or the company to complete the insurance.

Additional Information necessary to obtain a Quotation

Attach a Complete List of Equipment
 Attach specimen copies of any rental agreements used
 Attach hard copy loss runs for the past 5 years
 Attach a copy of your formal written safety program