



**HEAVY EQUIPMENT CRANE AND RIGGING SUPPLEMENTAL APPLICATION**

Describe any work on or adjacent to bodies of water, including dams and bridge work:

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Describe any blasting/demolition and wrecking and/or mining operations:

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Describe products/equipment typically lifted:

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a) What is the average on-hook exposure?	\$	
b) What is the maximum on-hook exposure?	\$	

1. Does Applicant manufacture and /or fabricate any equipment, parts of accessories for sale, lease, rent or loan?

YES     NO

If yes provide details, brochures and projected annual gross receipts \_\_\_\_\_

2. Does Applicant warehouse goods of others?

YES     NO

If yes attach a copy of storage agreement and projected annual gross receipts.

3. Does the Applicant rent/lease equipment from others?

YES     NO

If yes, what type of equipment?

4. Advise the percentage of your applicant's work these customer groups/industries provide to the operations.

Construction	%	Industrial Plants	%	Utilities	%
Oil field/Refineries	%	Bridges	%	Steel Erection	%
Marine	%	Stevedoring	%	Wind Farm	%
Solar Panels	%				

5. Please describe the last 3 jobs performed and the largest 2 contracts in place below. Provide a copy of current Work In Progress Report.

Owner/Contractor	Type of work Performed in detail



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6. Does applicant engage in any other contracting work?

YES  NO

If yes, describe operations and provide revenues:

7. Does applicant use or rent to others any equipment other than cranes?

YES  NO

If yes, what kind of equipment?

What are revenues for rental with operators (non-crane)?

What are revenues for rental without operators (non-crane)?

8. What percent of work is performed as a sub-contractor working for other companies?

9. What percent of work is performed as direct contract with other customers?

10. Does applicant ever use sub-contractors?

YES  NO

List sub-contracted work and the approximate annual cost associated with each.

Type of Work	Annual Cost of Sub-Contractor

11. Rigger Liability

Annual Number of Jobs?	
Usual Duration of Job?	
Number of Jobs in Progress?	

12. Does the applicant perform any maintenance work on the equipment of other?

YES  NO

Describe the type of work performed:	Annual Revenues from service work

13. Is the applicant licensed to Inspect/Certify cranes by their state?

YES  NO

14. Does applicant do inspections/certifications on any equipment of others?

YES  NO

15. Are certificates of insurance required from lessees on bare rentals? If so please provide a copy.

YES  NO



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16. Does applicant require additional insured status from lessees on bare rentals?

- YES  NO

17. Describe security procedures for crane and vehicle storage.

18. Please describe any OSHA violations that you have received in the past 5 years and any action taken as a result.

Employment Training & Procedures for Crane Operators

1. Are applicant's operators Union or Non Union?

Have any Union members been rejected?

- YES  NO

2. How often does applicant refer to the union for new or temporary operators?

3. Is there a screening/reference process for the new operators?

- YES  NO

4. If union shop, describe your screening procedures for any new or temporary employees:

5. If Non Union, please describe the training program your company provides for employees:



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6. Is training given on an on-going or annual base? Please describe the training below:

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7. Is this training documented?

YES  NO

8. Please provide the following:

Number of operators:	
Number of oilers	
All other employees	

9. Is a written test including hand signals, charting of load and radius of use given to all new employees by the applicant?

YES  NO

Is the training documented?

YES  NO

10. Is an operational test (field test) by type of Crane given to all employees before operator is assigned to that type of Crane?

YES  NO

11. Describe how load weights are determined and by whom?

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12. Does applicant pre-engineer lifts?

YES  NO

13. Who engineers the lift?

14. Does the applicant perform dual crane lifts?

YES  NO

If yes, describe coordination controls used:

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Loss Control and Maintenance Procedures

- 1. Does applicant have a formal loss control or safety program?  
 YES     NO
- 2. Is one employee responsible for safety programs?  
 YES     NO

If so please provide their name and title:

- 3. Does applicant have regular safety meetings with employees?  
 YES     NO
- 4. Is there a formal scheduled equipment maintenance program  
 YES     NO
- 5. Is all Maintenance Documented?  
 YES     NO

- 6. Does applicant use a written form for crane inspections?  
 YES     NO

- 7. Does applicant use a written accident report form?  
 YES     NO

- 8. Are cranes certified?  
 YES     NO                      How often?                      By whom?

- 9. Does applicant order MVRs on all drivers?  
 YES     NO                      How often?

- 10. Does applicant require certificates of insurance from lessees on bare rentals?  
 YES     NO

- 11. Is applicant named as additional insured on Lessees policy?  
 YES     NO

- 12. Does management require the following of all lifts?

A policy exists requiring outriggers to be fully extended?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Crane leveled before every lift is made?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Firm foundation/steel pads under outriggers used?	<input type="checkbox"/> YES <input type="checkbox"/> NO
All safety devices required to be operational prior to lift?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Load charts clearly posted in cab?	<input type="checkbox"/> YES <input type="checkbox"/> NO



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I hereby certify that the aforementioned information enclosed in the application form and any additional information which has been enclosed with the application is true and accurate to the best of my knowledge, and I further understand and agree that any policy will be issued in reliance upon the representation made herein. I further understand and agree that failure to provide a true and accurate response to any of the foregoing questions may result in the voiding of the insurance issued in reliance on the application and/or denial of claims which would otherwise have been covered under any policy issued.

Completion of this application does not constitute acceptance of this application or obligate the company or their duly authorized representative to complete the insurance applied for. No insurance shall become effective until the company has received a signed and dated application and deposit premium.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer's Printed Name

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

In addition to the Application, please include the following:

- ✓ 5 years currently valid loss runs
- ✓ Narrative on any Losses over \$100,000 (closed) / over \$250,000 (open)
- ✓ Completed questionnaire, signed and dated
- ✓ Most recent financials
- ✓ Copy of your standard rental and or work agreements/tickets
- ✓ Copy of contracts used with Sub-Contractors
- ✓ Crane Operator Certificates/Resumes and or statements of Qualifications on Key Personnel
- ✓ Crane Inspection Reports
- ✓ Copy of your Safety Manual
- ✓ List of all equipment to include: type, vin, serial number, year, make, model and value  
Identify which cranes are licensed /tagged and subject to state financial responsibility laws.