

Agency: _____
 Producer: _____
 Phone: _____
 Fax: _____
 Email: _____



Policy Effective Date: _____ Name Insured: _____
 FEIN#: _____ DBA (if applicable): _____
 DOT#: _____ Mailing Address: _____
 Any Filings Needed: _____
 _____ Garage Zip Code: _____ County: _____
 What States do you operate in? _____ Radius of travel: _____

PLEASE LIST ALL OTHER LOCATIONS ON ACORD FORM

Inspection Contact: _____
 Phone: _____ Email: _____
 Website: _____
 Years in Business UNDER THE ABOVE NAME : _____
 Ever operated under ANOTHER NAME : _____
 Own any other Operations?..... ☐ Yes ☐ No
 If YES, Please List: _____

LIST ALL OWNERS AND YEARS OF EXPERIENCE, AND PERCENTAGE OF OWNERSHIP:

	Owner	Years Experience	% of Ownership
1			
2			
3			
4			

Percentage of work: Commercial _____ % Residential _____ %

Operations	Payroll	Sales
Crane Rental WITH Operator		
Bare Crane Rental		
Millwright		
Does Millwright include installation and repairs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rigging		
Steel Erection		
Does Steel Erection include welding & fabrication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heavy Hauling		
Is Hauling in conjunction with Crane Operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other		

Describe typical items lifted: _____

Describe typical items serviced and repaired for others: _____

Does your operation include work for any of the following:

More than 5% of road and/or bridge job sites:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work not on firm ground (i.e. barge):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hot power line or utility work:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demolition (other than debris removal):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tandem Lifts:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personnel Buckets:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any work in the oil fields:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any work for a gas company near explosive materials:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work within 50 feet of explosive materials:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work with or operate tower cranes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NY RISKS: Any work within the 5 boroughs:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If YES, how often: _____

DO YOU LEASE, RENT, OR BORROW ANY OTHER CONSTRUCTION EQUIPMENT ☐ Yes ☐ No

If YES, what kinds of equipment: _____

What is the highest value of item L, R or B:

What are the expected expenditures from L, R or B:

COMPLETE IF YOUR BARE EQUIPMENT TO OTHERS

Do you verify qualifications of the operator:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you obtain a signed rental contract:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you pre-rental inspect and test all equipment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the above inspection noted on the rental agreement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you obtain a certificate of insurance of equal or greater limits:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require to be named an additional insurer:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require renters to hold you harmless:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you keep records on file for at least 5 years:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

COMPLETE IF YOU PERFORM MILLWRIGHT OPERATIONS WITH SERVICE AND REPAIRS TO OTHERS:

Enter the % of the risks operations which may fall into each category:

Fabrication of structural steel-load bearing for conventional steels structures, complex steel structures, and steel bridges _____ %

Installation, dismantling, repair and/or replacement of machinery or equipment _____ %

Lifting and positioning machinery or equipment using a crane, gantry or forklift _____ %

Installation and/or repair work to transformers outside of buildings ☐ Yes ☐ No

Work for central station equipment or oil/gas burners ☐ Yes ☐ No

Asbestos or lead work ☐ Yes ☐ No

COMPLETE IF YOU PERFORM STEEL ERECTION WITH WELDING AND/OR FABRICATION (if just lifting steel, with no welding or fabrication, do not complete):

Steel erection over three stories ☐ Yes ☐ No

Steel erection work for complex steel structures or major steel bridges: ☐ Yes ☐ No

Tank fabrication or construction ☐ Yes ☐ No

Use of air cranes/Helicopter lifts ☐ Yes ☐ No

Dam, cofferdams or caisson building work ☐ Yes ☐ No

Subway or tunnel construction ☐ Yes ☐ No

Any PCB exposure ☐ Yes ☐ No

Is the following enforced and documented?:

Ladder & scaffold inspection program, including training ☐ Yes ☐ No ☐ N/A

OSHA complete scaffold person inspecting all scaffolding before use ☐ Yes ☐ No ☐ N/A

Procedure for crane placement near rigging and connecting crews provided with appropriate protective gear and equipment ☐ Yes ☐ No ☐ N/A

Quality control procedures with structural steel bracing strategy ☐ Yes ☐ No ☐ N/A

Architectural and field/shop plan changes communicated and documented ☐ Yes ☐ No ☐ N/A

COMPLETE IF YOU SUBCONTRACT WORK OUT (not if you are the subcontractor)

Advise percentage of work subcontracted out:

What type of work is subcontracted out:

Do you obtain certificates of insurance naming you an additional insured: ☐ Yes ☐ No

Do you require them to hold you harmless: ☐ Yes ☐ No

Do you verify the subcontractor has equal or greater limits than 1/1/2: ☐ Yes ☐ No

Do you keep records on file for at least 5 years: ☐ Yes ☐ No

RIGGERS (ON-HOOK) SECTION

What is the maximum value of an item being lifted or transported:

What is the average value of an item being lifted or transported:

What is being lifted and/or transported valued at over \$250,000:

How often are items over \$250,000 lifted or transported:

Do you store any of the items you lift with your crane: ☐ Yes ☐ No

Do you haul any of the items you lift with your crane(s): ☐ Yes ☐ No

Do you haul only in conjunction with the crane operation: ☐ Yes ☐ No

OPERATORS/DRIVERS SECTION

How many full-time operators do you have:

How many part-time operators do you have:

How many employees do you have:

Minimum age for your operators:

Are all operators certified: ☐ Yes ☐ No

Do you check new hire MVRs: ☐ Yes ☐ No

If NO to any of the above, please advise:

SAFETY SECTION

Do you have specific driving requirements/acceptability: ☐ Yes ☐ No
Advise: _____

Do you have a formal loss control/safety program: ☐ Yes ☐ No

Do you perform regular safety meetings with employees: ☐ Yes ☐ No

Do you use a job ticket with contractual language for each job: ☐ Yes ☐ No

Do you use a safety checklist on equipment prior to use: ☐ Yes ☐ No

Do you maintain service records for at least 5 years: ☐ Yes ☐ No

Do inspect your slings/chains prior to each lift: ☐ Yes ☐ No

Do you inspect the rigging performed by others prior to operating: ☐ Yes ☐ No

Do you obtain actual weight of item prior to lift and record on job ticket: ☐ Yes ☐ No

Has any carrier or finance company canceled or non-renewed any Insurance
policy you had within the past 5 years: ☐ Yes ☐ No
If YES, advise: _____

Have you ever been cited by OSHA or had a reportable incident: ☐ Yes ☐ No
If yes, advise year, description and fine: _____

Are outriggers fully extended & suitable soil & ground base are checked prior to use: ☐ Yes ☐ No

Are level/boom angle indicators available and used: ☐ Yes ☐ No

Are load charts used for all lifts: ☐ Yes ☐ No

Describe communication techniques employed during lifts: _____

Procedure for crane placement near overhead power lines, including minimum OSHA required clearance:
Crews trained in emergency procedures if high voltage contact is made ☐ Yes ☐ No

CLAIM SECTION

Have you ever had a crane related loss within the past five years: ☐ Yes ☐ No
Please list below:

YEAR	DESCRIPTION OF LOSS, OPERATOR/DRIVER and LOSS AMOUNT

Please describe in more detail any claim paid out over \$10,000: _____

EQUIPMENT SECTION

How many cranes/boom trucks do you own:..... _____

How many drive over the road: _____

How many are hauled: _____

Which ones: _____

Do you haul the cranes: ☐ Yes ☐ No

Do you use a transporter/transferable plate(s): ☐ Yes ☐ No

Do you operate any other equipment besides cranes: ☐ Yes ☐ No

If YES, what: _____

OPERATOR INFORMATION

NAME	DOB	DRIVER ID #	STATE	NCCO CERTIFIED	OPERATOR, DRIVER OR BOTH

EQUIPMENT INFORMATION

YEAR	MAKE	MODEL	VIN #	VALUE

APPLICANT: I understand that this application for insurance and any policy issued as a result of the approval of this application will provide insurance for boom truck/crane operator operations. I further understand that no coverage will be provided for any other business, operations or services unless they are specifically added to any policy issued for an additional premium. I believe the statements in this application are true and correct. I understand that the insurer will rely on these statements if a policy is to be issued. Providing false information in an application for insurance is fraud, which is a crime in many states.

Applicant’s Signature:
Must Be An Owner/Officer

Date:

Applicant Name (Print):

Producer’s Signature:

EXPERIENCE FORM

Name: _____

Date of Birth: _____ ☐ UNION ☐ NON-UNION

Ever had a loss while driving or operating equipment: ☐ Yes ☐ No

Describe accident(s), if any: _____

Valid CDL: ☐ Yes ☐ No

EXPERIENCE

YEAR TO YEAR	JOB TITLE	JOB DESCRIPTION

EQUIPMENT EXPERIENCE

TYPE	MODEL	CAPACITY

CHECKLIST REMINDER:

- ☐ Supplemental Application
- ☐ 5 Year Loss Runs for All Lines Requesting Coverage
- ☐ Job Ticket, if applicable
- ☐ Bare Rental Contract, if applicable
- ☐ MVRs for All Drivers/Operators
- ☐ Experience Form for All Operators
- ☐ Crane & Auto Registration Cards—Include any Transporter Plate Registrations
- ☐ ACORD Applications-Please include Cranes on Auto ACORD

INSURANCE WARNING

Any person who, with the intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading may be guilty of insurance fraud and subject to criminal and/or civil penalties.

Notice to Colorado: It is unlawful to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or aware payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies

Notice to Hawaii: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

Notice to Idaho: Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement or claim containing a false, incomplete, or misleading information is guilty of a felony.

Notice to Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to Oklahoma: Any person who knowingly, and with intent to injure, defraud or deceive any insurer makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

Notice to Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to Indiana: Any person who knowingly makes any false or fraudulent statement or presentation in or with reference to any application for life insurance or for the purpose of obtaining any fee, omission, money or benefit from or in any company transacting business under this article, commits a class A misdemeanor.

Notice to Virginia: 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.

Notice to Oregon: Any person who knowingly and with intent, defrauds or deceives any insurance company by submitting an application or filing a claim that contains any false or incomplete information, or conceals information for the purpose of misleading, may be guilty of insurance fraud, which may be a crime and may be subject to criminal and/or civil penalties.

Notice to Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Notice to New York: Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Notice to Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to 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.

Notice to Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MD, ME, WA, NV, MN, SD, UT: Any person who knowingly and with intent, defrauds or deceives any insurance company by submitting an application or filing a claim that contains any false or incomplete information, or conceals information for the purpose of misleading, maybe guilty of insurance fraud, which is a felony and maybe subject to criminal and/or civil penalties.

AK, AL, AR, CA, CT, DC, DE, GA, IA, ID, IN, IL, MA, MO, MS, MT, NC, NE, NJ, NH, NM, ND, OK, PA, RI, TN, TX, WI: Any person who knowingly and with intent, defrauds or deceives any insurance company by submitting an application or filing a claim that contains any false or incomplete information, or conceals information for the purpose of misleading, is guilty of insurance fraud, which is a felony and subject to criminal and/or civil penalties.