

Crane & Boom Truck Application

Policy Effective Date: _____

FEIN#: _____

DOT#: _____

MC#: _____

Any Filings Needed: _____

Garage Zip Code: _____ County: _____

Inspection Contact: _____

Phone: _____

Website: _____

Own any other Operations/Entities? Yes No

If YES, Please List: _____

Any change in ownership? Yes No

States You Operate In: _____

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 (not in conjunction with crane ops)	_____	_____
Steel Erection	_____	_____
Does Steel Erection include welding & fabrication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heavy Hauling (for hire)	_____	_____
Other	_____	_____

Describe typical items lifted: _____

Does your operation include work for any of the following:

More than 5% of road and/or bridge job sites: Yes No

Work not on firm ground (i.e. barge): Yes No

Hot power line or utility work: Yes No

Demolition (other than debris removal): Yes No

Welding/Fabrication: Yes No

Any work in the oil fields: Yes No

Any work for a gas company near explosive materials: Yes No

Work with or operate tower cranes: Yes No

Do you perform any tandem lifts: Yes No

Do you Lease, Rent, or Borrow any other Construction Equipment: Yes No

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

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

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: (on Primary, Non-contributory basis) 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: _____
- 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

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 for each job: (if yes, provide copy) 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
- Describe communication techniques employed during lifts: _____

COMPLETE IF YOUR BARE EQUIPMENT TO OTHERS

- Do you verify qualifications of the operator: (At least 1 full year experience, over 25) Yes No
- Do you obtain a signed rental contract: Yes No
- Do you pre-rental inspect and test all equipment: Yes No
- Is the above inspection noted on the rental agreement: Yes No
- Do you obtain a certificate of insurance of equal or greater limits for GL, Auto and Inland Marine: Yes No
- Do you require to be named an additional insurer: Yes No
- Do you require renters to hold you harmless: Yes No
- Do you keep records on file for at least 5 years: Yes No

Coverage limits will be quoted off expiring. If you wish to change, please advise.

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 Signature

EXPERIENCE FORM – CRANE OPERATOR

Name: _____

Date of Birth: _____ UNION NON-UNION

Ever had a loss while driving or operating a crane or boom truck: 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

- Bare Rental Contract, if applicable
- MVRs for All New Drivers/Operators
- Experience Form for All New Operators

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 facts or 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 award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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 Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

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 Ohio: 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 files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony.

Notice to Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

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 New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to New York: 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 not to exceed five thousand dollars and the stated value of the claim for each such violation.

ME, TN, VA and WA.: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

AK, AL, AR, AZ, CA, CT, DC, DE, GA, HI, IA, ID, IL, IN, LA, MA, MD, MI, MN, MO, MS, MT, NC, ND, NE, NH, NM, NV, RI, SC, SD, TX, UT, VT, WI, WV, WY 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.

Crane & Boom Truck Operator & Equipment Information

Please List All Operators (List Operator, Driver or Both)

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

Please List All Owned Equipment

YEAR	MAKE	MODEL	VIN #	VALUE

Applicants Warranty: Applicant warrants that the above information is true and complete. Applicant understands the insurer will rely on this information for purposes of acting on this application for insurance. The provision of false information on an application for insurance is fraud, which is a crime in many states and could void the coverage applied in this application.

Applicant Name (Print):

Title

Applicant Signature

Date

Submitting Producer

Date

IMPORTANT: THIS IS NOT A BINDER OR OFFER OF COVERAGE