

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



Policy Effective Date: _____
 FEIN#: _____
 DOT#: _____
 MC #: _____
 Any Filings Needed: _____
 What States do you operate in? _____

Name Insured: _____
 DBA (If applicable): _____
 Mailing Address: _____

 Garage Zip Code: _____ County: _____
 Radius of travel: _____

PLEASE LIST ALL OTHER LOCATION ON ACORD FORM

Inspection Contact: _____
 Phone: _____ Email: _____
 Website: _____

Years in business UNDER THE ABOVE NAME: _____

Ever operated under ANOTHER NAME: _____

Own any other operation? Yes No

If Yes, please provide name(s) of all owned entities:

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

If yes, please provide copy for review and approval

If no, why?

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?	Yes	No
Rigging		
Steel Erection		
Does Erection include welding & fabrication?	Yes	No
Heavy Hauling		
Is Hauling in conjunction with Crane Operations?	Yes	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: Yes No
 If yes, is the area blocked off to traffic and the public? Yes No

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

Hot power line or hot/live utility work: Yes No

Demolition (other than debris removal): Yes No

Tandem Lifts: Yes No

Personnel Buckets: Yes No
 If yes, what percentage are insured's employees?: _____%
 What types of jobs are they performing?: _____
 What percentage are non-employees?: _____%
 Is proof of Workers' Compensation obtained prior to job?: : Yes No
 What types of jobs are they performing?: _____

Any work in the oil fields: Yes No
 If yes, is any work done over open wells? Yes No
 Is any work done near active wells? Yes No

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

Work within 50 feet of explosive materials: Yes No

Work with or operate tower cranes: Yes No
 If yes, please describe work: _____

NY RISKS: Is any work performed within New York State: Yes No
 If YES, how often: _____

CRITICAL LIFTS

Weight of load in excess of 75% rated load of the load chart:	Yes	No
If yes, describe: _____		
Loads with long replacement lead times:	Yes	No
If yes, list types of items and max value: _____		
Lifting over active pipelines / railroads:	Yes	No
Lifting loads from below water:	Yes	No
Describe: _____		
Lifts loads of unknown / difficult weight:	Yes	No
Describe: _____		
Non-standard rigging arrangements performed:	Yes	No
If yes, describe: _____		
Lifting in environments likely to affect equipment performance: :	Yes	No
If yes, describe: _____		

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... Otherwise Click N / A

Do you verify qualifications of the operator:	Yes	No
Do you obtain a signed rental contract:	Yes	No
If yes, please provide copy for review and approval		
If no, why not?: _____		
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:	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

COMPLETE IF YOU PERFORM MILLWRIGHT OPERATION WITH SERVICE AND REPAIRS FOR OTHERS... Otherwise Click N / A

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 ... Otherwise Click N / A

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	
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)

What percentage of work is contracted out to others: _____%		
Do you subcontract any work out to other entities to perform?:	Yes	No
Please provide copy of Contract for review and approval		
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 ... (If bare rental only click N / A)

What is the maximum value of an item being lifted or transported:	_____
What Limit is being requested?:	_____
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 total employees do you have:	_____
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, Why: _____		
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:	Yes	No
Crews trained in emergency procedures if high voltage contact is made:	Yes	No

COMPLETE IF YOU REQUIRE HIRED AND NON-OWNED AUTO COVERAGE... Otherwise Click N / A

Does the applicant own any vehicle used for business purpose?	Yes	No
Does the applicant purchase multiple commercial auto liability policy?	Yes	No
How many employees does the applicant have?	_____	
Does the applicant require each employee/independent contractor to provide evidence of auto insurance?	Yes	No
Does the applicant require employees/independent contractors to maintain minimum Auto liability limits of at least \$100,000 per person/\$300,000 each accident or a combined \$300,000 single limit?	Yes	No
Does the applicant, employees or independent contractors regularly use their vehicle for business use?	Yes	No
Does the applicant have any prior losses related to a hired and/or Non-Owned auto?	Yes	No
Does the applicant lease, hire, rent or borrow any vehicles from others?	Yes	No
If Yes:		
What is the average term of lease? _____		
What is the annual frequency of obtaining such leases? _____		
Is there a written agreement?	Yes	No
What reason do you lease, hire, or rent vehicle from others? _____		
What are the annual expenditures of leased, hired, or borrowed vehicles? \$ _____		
Do only employees operate the leased, hired or borrowed vehicles?	Yes	No
Are all drivers over the age of 21?	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 crane / boom trucks drive over the road:

How many cranes / boom trucks are hauled:

Which ones:

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

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

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

EQUIPMENT INFORMATION

(list below or provide in excel or Acord format)

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:

CHECKLIST REMINDER:

- Supplemental Application
- 5 Year Currently Valued 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
- Crane Operator Certification Cards for all Operators
- Subcontractor Agreement if applicable
- Safety Manual / Content Page

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, ND, 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.

EXPERIENCE FORM

Name: _____

Certified: Yes No

Certifying Organization: _____

Operator Certification Number: _____

Certification Expiration Date: _____

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 / COMPANY

EQUIPMENT EXPERIENCE

TYPE	MODEL	CAPACITY