

Policy Effective Date: _____
 FEIN#: _____
 DOT#: _____
 MC#: _____
 Any Filings Needed: _____
 Garage Zip Code: _____ County: _____
 Inspection Contact: _____
 Phone: _____

Name Insured Including All Owned or Controlled Subsidiaries:

 Mailing Address: _____

 Location Address: _____

 Email: _____

Website: _____

Own Any Other Operations/Entities? Yes No

If YES, Please List:

Any changes in Ownership? Yes No

If Yes, describe: _____

States You Operate In: _____

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: _____		

DO YOU LEASE, RENT, OR BORROW ANY OTHER CONSTRUCTION EQUIPEMENT

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 SUBCONTRACT WORK OUT (not if you are the subcontractor)

What percentage of work is contracted out to others: _____%

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

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

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

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.

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