



Agency: _____

Producer: _____

Phone: _____

Email: _____



Policy Effective Date: _____

Name Insured: _____

FEIN#: _____

DBA (If applicable): _____

DOT#: _____

Mailing Address: _____

MC#: _____

Garage Zip Code _____ County: _____

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: _____

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

	OWNER	YEARS EXPERIENCE	% OF OWNERSHIP
1			
2			
3			
4			

RIGGERS SECTION

Do you currently have riggers coverage now? Yes No

If yes, please advise carrier and current limit: _____

What limit is being requested by contract: (provide copy of contract) _____

Is this needed per contract job or Annual? _____

What is the amount of Items for job specific projects are needed to be lifted? _____

Do you currently own any Equipment that has Physical Damage coverage? Yes No

If yes, where is this currently covered: _____

Will they provide riggers coverage? Yes No

If no, please advise why: _____

What is the maximum value of all items being lifted? _____

What is the average value of an item being lifted? _____

What is the max value of one item being lifted? _____

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 or other equipment? Yes No

Do you haul any of the items you lift with your crane(s or other equipment)? Yes No

For Annual Riggers – Describe all types of items being lifted: _____

Any item being lifted in tandem or tailored? Yes No

If yes, do you have a lift plan? _____

How often are items being lifted in TANDEM or TAILORED? _____

Any item being lifted / installed/ crosses water? Yes No

If yes, explain: _____

What is the max height of items being lifted? _____

Is this job for an OCIP or Wrap where riggers is required and not included in the OCIP/WRAP? Yes No

SAFETY SECTION (Specific to equipment and riggers only)

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 safety checklist on equipment prior to use? 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 and suitable soil and ground base are checked prior to use? Yes No

Are load charts used for all lifts? Yes No

Describe communication techniques employed during lifts: _____

CLAIM SECTION (Specific to equipment and riggers only)

Have you ever had a rigging related loss within the past five years?..... Yes No

Please list below:

YEAR	DESCRIPTION OF LOSS, OPERATOR, ITEM AND LOSS AMOUNT

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

CRANE OR EQUIPMENT OPERATOR INFORMATION

Please list all Operators (List Operator, Driver or Both):

NAME	DOB	DRIVER ID #	STATE	NCCO CERTIFIED / EQUIPMENT CERTIFIED	EQUIPMENT OPERATED

ITEMS BEING LIFTED - JOB SPECIFIC PROJECTS

List below or provide in Excel or Acord format

ITEM DESCRIPTION	VALUE	TOTAL # OF THIS ITEM TO BE LIFTED	# OF DAYS FOR LIFTS	TANDEM (Y/N)	WATERBORNE (Y/N)	CRITICAL LOAD CAPACITY 75%+ OF BOOM LOAD (Y/N)

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
- Copy of Contract (s)
- ACORD Applications-125,126,
- Crane Operator Certification Cards for all Operators if operating cranes
- Subcontractor Agreement is sub is responsible for the rigging

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 amount 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.