



ROBERT A. SCHNEIDER AGENCY, INC.

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Crane Rental Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name Agent

Applicant Mailing Address Applicant's Phone Number

Web Address

Inspection Contact

Proposed Policy Period to Phone Number for Inspection Contact

Applicant is Individual Partnership Corporation Joint Venture Other

Location #1

Location #2

Location #3

UNDERWRITING INFORMATION - GENERAL LIABILITY

1. List type of jobs or services applicant provides.

2. List year, make & model of all cranes to be covered and include tonnage & boom length. (Attach a separate sheet, if needed)

Are all cranes inspected annually by a NCCCO inspector or other authority? Yes No

Are all operators NCCCO certified? Yes No

3. List safety devices on cranes (alarms, sensors, insulators, etc.).

4. Does applicant always use a signed work order/contract &/or rental agreement? Yes No

If yes, attach copy. If no, account may not be acceptable.

5. Are cranes rented or leased with or without an operator? Yes No

6. Describe the applicant's on the job-training program.

7. Describe work site safety procedures during crane operation.

8. What are the maximum and average values of crane loads?

9. Describe type of locations worked with percentage of total in each.

**UNDERWRITING INFORMATION – GENERAL LIABILITY (Continued)**

10. What arrangements are made for backup cranes in case of problems?

11. Have any cranes been altered? .....  Yes  No

If yes, have they been re-certified? .....  Yes  No

12. Who is responsible for determining lift/load calculations? \_\_\_\_\_

13. Describe procedures used for taking lift-site surveys? \_\_\_\_\_

14. Describe procedures used for pre-lift inspections? \_\_\_\_\_

15. Does applicant prepare a pre-lift plan involving operator and signalmen? .....  Yes  No

16. Describe safety procedures used when lifting around utility lines. \_\_\_\_\_

17. How does applicant prevent unauthorized use of cranes? \_\_\_\_\_

18. Are all cranes equipped with deadman controls? .....  Yes  No

19. Is applicant involved with any design or consultation work? .....  Yes  No

Explain. \_\_\_\_\_

**UNDERWRITING INFORMATION – PREMISES**

1. Does applicant operate a work/storage building or yard? .....  Yes  No

2. Are fire extinguishers present? .....  Yes  No

Are they maintained? .....  Yes  No

Are they visible? .....  Yes  No

3. Are work areas kept free of grease, oil and flammable rubbish? .....  Yes  No

4. Is crane repair done on premises? .....  Yes  No

Describe facilities. \_\_\_\_\_

5. Describe safety requirements regarding fuel handling. \_\_\_\_\_

6. Do drivers refuel their own vehicles? .....  Yes  No

7. Do concrete posts protect fuel pumps and tanks? .....  Yes  No

**UNDERWRITING INFORMATION – AUTOMOBILE**

1. **Attach** a list describing which cranes are driven to the job site and which cranes are trailered.

2. Describe safety measures taken during the transportation of crane. \_\_\_\_\_

3. **Attach** MVR's on all operators/drivers.

4. Explain how travel routes are determined for transporting cranes. \_\_\_\_\_

5. Describe how cranes are secured while being transported. \_\_\_\_\_

6. Does applicant have specific qualifications for heavy unit drivers? .....  Yes  No

**UNDERWRITING INFORMATION – AUTOMOBILE (Continued)**

7. Is there an auto policy covering cranes driven on public roads? .....  Yes  No  
If yes, what limits are provided? \_\_\_\_\_

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

\_\_\_\_\_  
Producer's Signature                      Date                      Applicant's Signature                      Date

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT**

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.