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Crane And Rigging 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

1. Years in Business _____

2. Provide geographic area of operation _____

3. Estimated breakdown of total gross sales and payroll for the following categories

CATEGORY	PAYROLL	GROSS SALES
Crane rental with operator	\$ _____	\$ _____
Bare crane rental (Attach rental agreement)	\$ _____	\$ _____
Heavy Hauling or machinery moving	\$ _____	\$ _____
Millwright work including machinery	\$ _____	\$ _____
Installation service and repair	\$ _____	\$ _____
Rigging (if done as a separate operation to above)	\$ _____	\$ _____
Miscellaneous (describe below)	\$ _____	\$ _____

4. Do you specialize in any particular field of operation or for any one specific industry? Yes No

If yes, provide complete details below. _____

UNDERWRITING INFORMATION (Continued)

5. Provide detailed description of all equipment used in operations (e.g. forklift, crane, etc.).
6. Provide detailed description including cost of last 5 jobs. (Attach separate sheet, if needed)
7. Is welding or electrical hook up involved with the operations? Yes No
8. Do you rent any equipment to others? Yes No
If yes, provide description of equipment including gross sales _____

- | | | |
|--------------------------------------|--------------|------------------|
| 9. Number of employees by category | UNION | NON-UNION |
| Equipment operators | _____ | _____ |
| Technicians or maintenance personnel | _____ | _____ |
| Leased workers | _____ | _____ |

LOSS CONTROL & MAINTENANCE

1. Is there a formal written loss control or safety program? Yes No
2. Is one employee responsible for your safety program? Yes No
Provide Name of individual. _____
Do you hold regular safety meetings with all employees on a regular basis? Yes No
3. Do you have screening and/or reference procedures for all new operators? Yes No
4. Are random drug or alcohol testing procedures outlined in a written manual provided to all employees? Yes No
5. What is the age requirement for operators? Minimum _____ Maximum _____
6. Do you keep a written scheduled maintenance program of all equipment? Yes No
7. Do you have a formal report to be filed on all accidents or injuries? (**Attach** copy) Yes No
8. Do you obtain certificates of insurance on all crane rentals? Yes No
9. Do you obtain MVR's on all drivers? Yes No
10. Are all cranes inspected or certified? Yes No
If no, provide detailed information. _____

11. Do you maintain Commercial Automobile Liability coverage on all units driven over the road? Yes No
If no, provide details. _____

If yes, provide carrier, limits, and policy term. _____

