



Crane & Rigging Specialty Contractors Insurance Program

Full name of insured including all owned or controlled subsidiaries:

First Named Insured	
Named Insured	
Named Insured	
Named Insured	
Named Insured	

Current mailing

Address			
Location Address			
Federal ID Number			
Applicant's Website			
MC Docket Number			
<input type="checkbox"/> Individual <input type="checkbox"/> Co- Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other** (Please Explain Below)			
Number of years in business under the present name?			
If less than 5 years, please provide (under separate attachment) a resume' of the principal's applicable experience and/or previous name (s) of the company & current financials .			

Name of person to be contacted in your organization for purpose of inspection:

Name			
Phone Number			
Email Address			
What is the full geographical area of operation; % applicable by state:			
Please list applicable % of jobs located in major metropolitan area(s):	_____ %		
	N/A		
If applicable, metropolitan area(s) is/are:			
Effective Date			
If Mid-term Replacement, please detail reasons for replacement			
Description of all operations with % breakout of commercial vs. residential			
What kinds of goods/equipment are typically lifted by your cranes?			
_____ or if N/A <input type="checkbox"/> Yes <input type="checkbox"/> No			

What is the average on-hook exposure:	US \$ _____ or if N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the maximum on-hook exposure:	US \$ _____ or if N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details of any additional contractual transfer back to the Insured's client:	

Loss Summary

Carrier	Policy Term	Total # of Claims	# of Open Claims	Paid	Reserves	Total Incurred
	Current Term					
	1 Year Prior					
	2 Years Prior					
	3 Years Prior					
	4 Years Prior					

For any loss in excess of \$25,000 please provide details of the loss (what happen, how it happened, and what has been done to prevent future occurrences).

Please provide estimated breakdown of annual gross receipts & payroll

	Payrolls	Receipts
Crane Rental with Operator		
Bare Crane Rentals		
Contractors Equipment Rental to Others		
Bridge Construction/Reconstruction		
Caisson or Cofferdam Work (need specific job details)		
Dam Construction/Reconstruction (need specific job details)		
Docks/Piers /Pile Driving/ Jetty Breakwater Construction		
Millwright Work		
Iron/ Steel Erection		
Steel Fabrication		
(AISC Member <input type="checkbox"/> yes <input type="checkbox"/> no)		
Concrete Erection		
Rigging (if done separately		
Sale of New Equipment *		
Sale of Used Equipment **		
Scaffolding / Hoists		
Street or Road Construction/Reconstruction		
Telecommunication Construction		
Sub Contractors(*see below)		

Miscellaneous (describe in full)

Please describe any installation, repair or removal work for any of the above classes:	
Please advise any related association that you are a current member of	
Sub Contractor Operations & Description:	
Certificate of Insurance Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Required GL Limits	
Primary	
Excess/Umbrella	
Per Project Aggregate Endorsement required:	<input type="checkbox"/> Yes <input type="checkbox"/> No

(*) New Equipment Sales	
Is the insured included as a Vendor and/or Additional Insured on the Mfg.'s policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If (yes) please provide a current Certificate of Insurance from the Mfg that shows the inclusion of the Insured as a Vendor and/or Additional Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Insured offer any Warranty(s) other than the Mfg's Warranty? (representation)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If (yes) describe in full any Warranty Representation made by the Insured:	

(**) Used Equipment Sales	
Does the Insured provide any Warranty Representation for any Used Equipment? If (yes) please provide a complete copy of the Insured's Warranty Representation(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advise if one or a few industries/customers provide a large % of your work (i.e., Utilities, Marine, Stevedoring, Oilfield, Bridges, Commercial Construction, Industrial Plants, Governmental Entities, etc.)	
Do you rent equipment other than cranes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If (yes), please describe equipment	
Copy of rental agreement included? If (yes), please attach copy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
What are the revenues with operator (includes installation, repair & removal)?	\$
What are the revenues without operator (includes installation, repair & removal)?	\$
What are your expected expenditures in rented/leased equipment from others?	\$
Operators & Oilers are	<input type="checkbox"/> Union <input type="checkbox"/> Non-Union

Number of	Operators	
	Oilers	
	All Other Employees	
Are crane operators NCCCO certified	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If (yes), please advise how many		
Operating in full compliance with State/s operational and/or licensing requirements or describe the reasons for the non-compliance.		
Please advise if you have the following:		
Loss Control & Maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Copy of maintenance record specimen (attached)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Copy of maintenance record (attached) for all cranes +20 years old	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are equipment inspections in compliance with Local, State & Federal Regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A formal Loss Control/Safety Plan in effect? If (yes), please attach copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Safety Manager responsible for safety program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide	Safety Manager	
	Phone Number	
Regular Safety meetings conducted with employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Screening or reference process for new operators?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A minimum age for operators?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What age?	____ Years	
Are all operators licensed/certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, please explain:		
Attach list of all operators, including DOB		
A scheduled maintenance program in effect?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A written form for crane inspections? If (yes), please attach copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
An accident/ incident report form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please advise regarding the following:		
Are cranes certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If (yes) how often & by whom?		
Are insurance certificates required by Lessee on bare rentals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
* Attach copy of rental agreement/job ticket/MSA agreement herein		
Do you perform dual/tandem lifts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If (yes), describe the co-ordination controls used:		
Are weights determined before all lifts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are outriggers fully extended & suitable soil and/or ground base checked before use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are cranes & rigging inspected daily by the operator PRIOR to use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are mats for crawlers used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are boom angle indicators available & utilized?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are load charts used for all lifts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe overturn prevention procedure for equipment operated on barges, in culverts or cofferdams, false work or temporary piers?	
Describe the communication techniques employed during these lifts:	
Are professional engineers available to determine adequacy of equipment for lifts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If employees, please describe herein:	
Any losses over \$5,000 in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long are maintenance & inspection records kept?	

Please provide full descriptions of the five (5) largest jobs completed by you within the last 3 years . Please include who you worked for, description of job, heights over 5 stories & the applicable gross receipts generated for the job.	
a)	
b)	
c)	
d)	
e)	
Please provide full descriptions of the five (5) largest jobs pending with you by you within the last 3 years . Please include who you worked for, description of job, heights over 5 stories & the applicable gross receipts generated for the job.	
a)	
b)	
c)	
d)	
e)	
Full five (5) Year Payroll/Receipts History (*)	

Year	Payroll	Receipts
Current Term		
1 Year Prior		
2 Years Prior		
3 Years Prior		
4 Years Prior		
5 Years Prior		

Please note in applicable year of any acquisition or sell off by the Insured and describe details hereunder

Current/Prior Carrier Information			
Insurer	Policy Term	Policy #	Limits
Premium	SIR/Deductible		Riggers <input type="checkbox"/> Yes <input type="checkbox"/> No
Insurer	Policy Term	Policy #	Limits
Premium	SIR/Deductible		Riggers <input type="checkbox"/> Yes <input type="checkbox"/> No
Insurer	Policy Term	Policy #	Limits
Premium	SIR/Deductible		Riggers <input type="checkbox"/> Yes <input type="checkbox"/> No
Insurer	Policy Term	Policy #	Limits
Premium	SIR/Deductible		Riggers <input type="checkbox"/> Yes <input type="checkbox"/> No

Option – Incidental Contractors Pollution Liability

(Optional Claims Made Coverage is included within the GL policy limits and is subject to the GL policy terms and conditions. (Ineligible classifications include: steel erection, pile driving operations.)

APPLICABLE INCIDENTAL CONTRACTORS' POLLUTION LIABILITY COVERAGE LIMITS:

ANY COVERAGE PROVIDED BY THIS AMENDMENT OF POLLUTION ENDORSEMENT (PSR 330 30 10) ENDORSEMENT – (1) SHALL ALWAYS BE SUBJECT TO AND INCLUDED WITHIN THE GENERAL LIABILITY \$1,000,000 EACH OCCURRENCE (COVERAGE A. - BODILY INJURY AND PROPERTY DAMAGE LIABILITY AS SHOWN IN THE COMMERCIAL GENERAL LIABILITY DECLARATIONS AND (2) SHALL ALWAYS BE SUBJECT TO AND INCLUDED WITHIN THE \$2,000,000 GENERAL AGGREGATE LIMITS AS ALSO SHOWN IN THE COMMERCIAL GENERAL LIABILITY DECLARATIONS.

Please complete	
Tanks – Aboveground Tank Installation	_____ % of Gross Receipts
Tanks – Aboveground Tank Removal	_____ % of Gross Receipts
Tanks – Underground Tank Installation	_____ % of Gross Receipts
Tanks – Underground Tank Installation	_____ % of Gross Receipts
Concrete	_____ % of Gross Receipts
Does the applicant use a standard written contract with its clients? (If yes, please include copy of contract OR confirm as being included with enclosed job ticket and/or rental agreement.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant's standard contract contain a limitation of liability clause?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(If yes, to what extent is the liability limited?)	
Claims History – Has any claim, suit or notice of incident been made previously against the applicant or reported under any CGL, Contractors Pollution policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(If yes, please provide date of claim; date of incident; act or omission giving rise to the claim; name of the claimant; amount paid or estimated to be paid; current status or final disposition of claim.)	

IN ORDER TO PROVIDE YOU WITH TIMELY UNDERWRITING OF THE SUBMISSION, PLEASE INCLUDE THE FOLLOWING WITH YOUR SUBMISSION:
<ul style="list-style-type: none"> a) GL Acord application - signed, dated & fully completed; b) PSR Commercial Construction Contractors Supplemental Application - signed, dated & fully completed; c) List of Equipment including year, make, model, serial numbers & values; d) Specimen copy of equipment maintenance/inspection report; e) Copy of recent crane certification for equipment >+20 years of age with confirmation regarding completion of listed deficiencies; f) Copy of rental contracts or work agreements, MSA & bare rental contracts; g) Copy of specimen job ticket; h) Currently valued audited financials; i) Copies of all crane operators NCCCO licenses OR letter of NCCCO confirmation applicable for all crane operators on the Insured's letter head stationary, signed & dated by an Officer of the Company; j) Five (5) years currently valued (within 60 days) hard copy Carrier GL & optional CPL loss runs with specific details for all losses at \$10,000 and greater; k) Copy of expiring Policy (GL CPL, IM, Business Auto, WC, Excess); l) Copy of Safety Operational Plans/ Procedures

Signed Proposal Form: It is understood & agreed that the signed proposal form by the Assured, forms part of this policy & that underwriters hereon shall rely upon the information to determine the acceptability, rates & coverage.

It is further understood & agreed that misrepresentation or omission may constitute grounds for immediate cancellation of coverage & potential denial of claims if any.

By signing this application, the applicant warrants to the Company that all statements made in this application and its operation are true and complete, and that no material facts have been misstated in this application or concealed. Completion of this form does not bind coverage. The applicant's acceptance of the Company's Quotation/s is required before the applicant may be bound and a policy issued.

Any person, who knowingly and with intent to defraud any insurance Company or another person, files an application of insurance or statement to conceal information for the purpose of misleading, commits a fraudulent insurance act. Such an act is a crime and subject to criminal and civil penalties.

It is further understood & agreed that the applicant and/or affiliated company is under a continuing obligation, immediately to notify his/her underwriters through the insurance agent/broker of any material alteration to the information given.

All other terms & conditions remain unchanged.

Signature of Authorized Applicant

Signature of Broker/Agent

Print Name

Print Name

Date

Date

Signed by Licensed Resident Agent
(Where Required by Law)