

# Crane Supplement

1) Full Name of Insured including all owned or controlled subsidiaries:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) Current Mailing Address: \_\_\_\_\_

3) Location Address: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Applicant's Website: \_\_\_\_\_

MC Docket Number: \_\_\_\_\_

4) Individual    Co- Partnership    Corporation    Other \*\*

\*\* Description of Other: \_\_\_\_\_

5) a) # of Years in business under the present name? \_\_\_\_\_

b) 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**.

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

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

6) a) What is the full geographical area of operation; % applicable by state: \_\_\_\_\_

**b) Please list applicable % of jobs located in major metropolitan area (s): \_\_\_\_\_%; \_\_\_N/A If applicable, metropolitan area(s) is/are: \_\_\_\_\_**

6) Effective Date: \_\_\_\_\_

If Mid-term Replacement, please detail reasons for replacement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7) Description of all operations with % breakout of commercial vs. residential: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8) What kinds of goods/equipment are typically lifted by your cranes? \_\_\_\_\_

\_\_\_\_\_ or if N/A    Yes    No

9) a) What is the average on-hook exposure:    US \$ \_\_\_\_\_ or if N/A    Yes    No

b) What is the maximum on-hook exposure: US \$ \_\_\_\_\_ or if N/A    Yes    No

c) Please provide details of any additional contractual transfer back to the Insured's client:

---

---

---

10) Please provide estimated breakdown of annual gross receipts & payroll.

	<u>Payroll</u>	<u>Receipts</u>
Crane Rental with Operator	_____	_____
Bare Crane Rentals	_____	_____
Contractors Equipment Rental to Others	_____	_____
Bridge Construction/Reconstruction	_____	_____
Caisson or Cofferdam Work ( <b>need specific job details</b> )	_____	_____
Dam Construction/Reconstruction ( <b>need specific job details</b> )	_____	_____
Docks/Piers /Pile Driving/ Jetty Breakwater Construction	_____	_____
Millwright Work	_____	_____
Iron/ Steel Erection	_____	_____
Steel Fabrication (AISC Member _____ (yes / 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)	_____	_____
<b>Miscellaneous (describe in full)</b>		

---

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:** \_\_\_\_\_

**Cert of Insd Required:** Yes No; **Required GL Limits:** \$ \_\_\_\_\_ **Primary:** \_\_\_\_\_

**Excess/Umbrella:** \_\_\_\_\_; **Per Project Aggregate Endt required:** Yes No

(\*) New Equipment Sales:

a) Is the insured included as a Vendor and/or Additional Insured on the Mfg's policy? Yes 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**

b) Does the Insured offer any Warranty(s) other than the Mfg's Warranty Representation?

Yes No. If (yes) describe in full any Warranty Representation made by the Insured

---

---

(\*\*) Used Equipment Sales: \_\_\_\_\_

a) Does the Insured provide any Warranty Representation for any Used Equipment? Yes No

If (yes) please provide a complete copy of the Insured's Warranty Representation(s).

11) Advise if one or a few industries/customers provide a large % of your work (ie. Utilities, Marine, Stevedoring, Oilfield, Bridges, Commercial Construction, Industrial Plants, Governmental Entities, etc.)

---

---

\_ 12) a) Do you rent equipment other than cranes? Yes No

If (yes), please describe equipment \_\_\_\_\_

b) Copy of rental agreement included? Yes (**copy attached**); No NA

c) What are the revenues **with** operator (includes installation, repair & removal) \$ \_\_\_\_\_

d) What are the revenues **without** operator (includes installation, repair & removal) \$ \_\_\_\_\_

e) What are your expected expenditures in rented/leased equipment **from others?** \$ \_\_\_\_\_

13) Operators & Oilers are \_\_\_\_\_ Union \_\_\_\_\_ Non-Union

Number of Operators \_\_\_\_\_ Oilers \_\_\_\_\_ All Other Employees \_\_\_\_\_

**Are crane operators NCCCO certified:** ( \_\_\_\_\_ #) Yes or No

**Operating in full compliance with State/s operational and/or licensing requirements** Yes No  
**or describe the reasons for the non-compliance.** \_\_\_\_\_

14) Please advise if you have the following:

a) Loss Control & Maintenance

**Copy of maintenance record specimen (attached)**

Yes No

**Copy of maintenance record (attached) for all cranes +25 yrs old**

Yes No

**Are equipment inspections in compliance with Local, State & Federal Regulations?**

Yes No

b) A formal Loss Control/Safety Plan in effect? **(attach copy)**

Yes No

c) Safety Manager responsible for safety program? Yes No Name of Safety Manager / Phone #

d) Regular Safety meetings conducted with employees?

Yes No

e) Screening or reference process for new operators?

Yes No

f) A minimum age for operators? What age? \_\_\_yrs.

Yes No

**Are all operators licensed/certified. If not, please explain below:**

**Attach list of all operators, including DOB**

g) A scheduled maintenance program in effect?

Yes No

h) A written form for crane inspections? **(attach copy)**

Yes No

i) An accident/ incident report form?

Yes No

15) Please advise regarding the following:

a) Are cranes certified? Yes No (If (yes) how often & by whom? \_\_\_\_\_)

b) Are insurance certificate required by Lessee on bare rentals?

Yes No

**\* Attach copy of rental agreement herein?**

c) Do you perform dual/tandem lifts?

Yes No

If (yes), describe the co-ordination controls used: \_\_\_\_\_

d) Are weights determined before all lifts?

Yes No

e) Are outriggers fully extended & suitable soil and/or ground base checked before use?

Yes No

f) Are cranes & rigging inspected daily by the operator PRIOR to use?

Yes No

g) Are mats for crawlers used?

Yes No

h) Are boom angle indicators available & utilized?

Yes No

i) Are load charts used for all lifts?

Yes No

j) Describe overturn prevention procedure for equipment operated on barges, in culverts or cofferdams, falsework or temporary piers? \_\_\_\_\_  
\_\_\_\_\_

k) Describe the communication techniques employed during these lifts: \_\_\_\_\_  
\_\_\_\_\_

l) Are professional engineers available to determine adequacy of equipment for lifts?  
**If employees, please describe herein:** \_\_\_\_\_

m) Any losses over \$10,000 in the past 5 years?      Yes      No

n) How long are maintenance & inspection records kept? \_\_\_\_\_

16) Please provide full descriptions of the **five (5) largest jobs** performed by you **within the last 3 years**. Please include who you worked for, description of job, **heights over 5 stories** & the applicable receipts generated for the job.

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

e) \_\_\_\_\_

17) Please provide full descriptions of the **five (5) largest jobs** PENDING jobs and include who you will be working for, description of your job, **heights over 5 stories** & the estimated receipts generated for the job.

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

e) \_\_\_\_\_

18) Full five (5) Year Payroll/Receipts History (\*)      **Payroll**    **Receipts**

2015-2016	_____
2014-2015	_____
2013-2014	_____
2012-2013	_____
2011-2012	_____

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

---

---

---

19) Schedule of Drivers & Operators (use additional page if necessary) Attached with submission

Name \_\_\_\_\_ DOB \_\_\_\_\_ License # \_\_\_\_\_ Yrs Experience \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_ License # \_\_\_\_\_ Yrs Experience \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_ License # \_\_\_\_\_ Yrs Experience \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_ License # \_\_\_\_\_ Yrs Experience \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_ License # \_\_\_\_\_ Yrs Experience \_\_\_\_\_

20) Current/Prior Carrier Information

Insurer: \_\_\_\_\_ Policy Term \_\_\_\_\_ Policy # \_\_\_\_\_ Limits \_\_\_\_\_  
Premium \_\_\_\_\_ SIR/Deductible \_\_\_\_\_ Riggers Incl: Yes No

Insurer: \_\_\_\_\_ Policy Term \_\_\_\_\_ Policy # \_\_\_\_\_ Limits \_\_\_\_\_  
Premium \_\_\_\_\_ SIR/Deductible \_\_\_\_\_ Riggers Incl: Yes No

Insurer: \_\_\_\_\_ Policy Term \_\_\_\_\_ Policy # \_\_\_\_\_ Limits \_\_\_\_\_  
Premium \_\_\_\_\_ SIR/Deductible \_\_\_\_\_ Riggers Incl: Yes No

Insurer: \_\_\_\_\_ Policy Term \_\_\_\_\_ Policy # \_\_\_\_\_ Limits \_\_\_\_\_  
Premium \_\_\_\_\_ SIR/Deductible \_\_\_\_\_ Riggers Incl: Yes No

Insurer: \_\_\_\_\_ Policy Term \_\_\_\_\_ Policy # \_\_\_\_\_ Limits \_\_\_\_\_  
Premium \_\_\_\_\_ SIR/Deductible \_\_\_\_\_ Riggers Incl: Yes No

**IN ORDER TO PROVIDE YOU WITH TIMELY UNDERWRITING OF THE SUBMISSION, PLEASE INCLUDE THE FOLLOWING WITH YOUR SUBMISSION:**

- a) GL Acord application – signed, dated & fully completed;
- b) Requires London Program 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 >+25 years of age;
- f) Copy of rental contracts or work agreements including bare rental contracts;
- g) Copy of specimen job ticket;
- h) Currently valued audited financials;
- i) List of all operators including license #, DOB & years of experience;
- j) Five (5) years currently valued (within 60 days) hard copy Carrier loss runs with specific details for all losses at \$10,000 and greater.
- k) Copy of Safety Program;
- l) COPIES OF EXPIRING GL AND IM/CPE POLICIES;

***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.*

*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.*

**Date:** \_\_\_\_\_ **Insured's Name & Title:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Producer/Agency Name:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_