

APPLICANT INFORMATION

First Named Insured: _____

Mailing Address: _____

Other Named Insureds: _____

Partnership/Corporation/Individual: _____

Years in Business: _____

Description of Operations: _____

Website Address: _____

Inspection Contact (Name): _____

Telephone: _____

Email: _____

Additional Interests (include names and interest such as loss payee, mortgagee, etc.):

GENERAL POLICY INFORMATION

Effective Date/Expiration Date: _____

Billing (Agency or Direct): _____

Payment Plan: _____

DESIRED COVERAGES AND LIMITS

LIMITS REQUESTED: \$ _____ Any one rigging project \$ _____ Property in Storage

\$ _____ Property in Transit \$ _____ Catastrophe limit

DEDUCTIBLE REQUESTED: \$ _____

ESTIMATED ANNUAL RIGGING RECEIPTS: \$ _____ PREVIOUS YEAR'S RECEIPTS: \$ _____

UNDERWRITING INFORMATION

1. How many years have you been in business under present name? _____
2. What is the average number of years of experience for your equipment operators? _____
3. What is the minimum number of years of experience required for an equipment operator? _____
4. Are all operators NCCCO certified for the type of cranes they operate? ☐ Yes ☐ No
5. Estimated number of annual jobs: _____ Average duration of jobs _____



6. Describe the types of rigging jobs you have performed over the last year?

7. Do you assign the same crane to the same operator whenever possible? ☐ Yes ☐ No

8. Does your equipment have an alarm device detecting equipment: ☐ Yes ☐ No

Maximum load capacity? ☐ Yes ☐ No

Wind gusts exceeding safe limit? ☐ Yes ☐ No

9. Average value "on the hook": _____ Maximum value "on the hook": _____

10. Average height of rigging jobs: _____ Maximum height of rigging jobs: _____

11. Do you perform tandem lifts? ☐ Yes ☐ No

If Yes, please describe: _____

12. Do you perform waterborne lifts? ☐ Yes ☐ No

If Yes, please describe: _____

13. How often is non-owned equipment leased or rented for your use in rigging?

☐ Never ☐ Always ☐ Often ☐ Sometimes ☐ Rarely

14. Do you lease without an operator? _____

15. Describe the leased or rented equipment exposure used for rigging operations:

16. Are any lifts performed that are not under contract? ☐ Yes ☐ No

If Yes, please describe: _____

17. If you require storage coverage, please provide COPE information below:

LOCATION ADDRESS	CONSTRUCTION TYPE	OCCUPANCY OF BUILDING	SPRINKLERED	SECURITY INFO
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	



PRIOR CARRIER INFORMATION

YEAR	CARRIER	POLICY NUMBER	PREMIUM	LOSSES Attach a minimum of 3 years of hard copy loss history

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICANT

Name: _____

Position: _____

Address (City, State, Zip):

Signature: _____

Date: _____

AGENT

Name: _____

Position: _____

Address (City, State, Zip):

Signature: _____

Date: _____