

## 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: \_\_\_\_\_

## UNDERWRITING INFORMATION

1. Total Equipment Schedule for Owned Equipment: \_\_\_\_\_

2. Limit of the Largest Scheduled Item: \_\_\_\_\_

3. Total Equipment Schedule for Tools and Miscellaneous Unscheduled Equipment: \_\_\_\_\_

4. Max Per Item for Tools and Miscellaneous Unscheduled Equipment: \_\_\_\_\_

5. How does the insured determine the values of their equipment? \_\_\_\_\_

***Please submit an equipment schedule along with this supplemental application***

(If Cranes are part of the Schedule, please complete Crane Supplemental)

6. What territory is the equipment used in? \_\_\_\_\_

7. Is the equipment brought back to the insureds location? ☐ Yes ☐ No

8. Estimated largest concentration of values at the insureds location: \$ \_\_\_\_\_

9. Describe the insureds operations: \_\_\_\_\_



10. Does the Insured conduct any operations which would be considered hazardous, such as: logging or land clearing, waterborne (barge mounted), near water's edge (oceans, rivers, lakes, dams) dynamite work, surface mining, underground mining, tunneling, drilling, asphalt or concrete manufacturing, other? ☐ Yes ☐ No
- Describe exposures: \_\_\_\_\_
  - How often do they engage in these operations? \_\_\_\_\_
  - Describe experience and expertise in detail: \_\_\_\_\_
11. Average age of equipment in years: ☐ <5 years ☐ 5 years ☐ >5 years ☐ Unknown
12. Is any equipment held for sale? ☐ Yes ☐ No  
(If Yes, please complete **Equipment Dealer Supplement**)
13. Are there formal security procedures to prevent theft and vandalism? ☐ Yes ☐ No
14. Describe the storage yard theft and vandalism controls for their equipment:  
\_\_\_\_\_  
\_\_\_\_\_
15. Describe the job site theft and vandalism controls for their equipment:  
\_\_\_\_\_  
\_\_\_\_\_
16. Does the Insured have a formal maintenance program for their equipment? ☐ Yes ☐ No
17. Are records maintained? ☐ Yes ☐ No
18. On staff maintenance and service employees? ☐ Yes ☐ No
19. How often is maintenance performed? \_\_\_\_\_
20. Does equipment have any fire suppression system? ☐ Yes ☐ No  
If Yes, please describe: \_\_\_\_\_
21. Does the Insured transport their own equipment? ☐ Yes ☐ No  
If No, describe the risk transfer process for party transporting the equipment:  
\_\_\_\_\_
22. Equipment Leased and Rented from others Coverage needed? ☐ Yes ☐ No  
If Yes, what is the maximum limit per item needed: \$ \_\_\_\_\_  
If Yes, what total limit is needed: \$ \_\_\_\_\_
23. Equipment Leased and Rented Expenditures: \$ \_\_\_\_\_
24. What type of equipment does the Insured rent or lease from others:  
\_\_\_\_\_
25. Waterborne Coverage needed? ☐ Yes ☐ No  
If Yes, what limit is needed: \$ \_\_\_\_\_
26. Equipment Leased and Rented to others Coverage needed? ☐ Yes ☐ No  
If Yes, ☐ With Operators ☐ Without Operators ☐ Both with Operators and Without



27. Equipment Leased and Rented to others Receipts: \$\_\_\_\_\_
28. Do they collect the Certificates of Insurance from their lessees? ☐ Yes ☐ No
29. Do their lease agreements require full boom coverage on an all-risk basis and at 100% replacement cost value? ☐ Yes ☐ No
30. Does the rental contract have a hold harmless agreement? ☐ Yes ☐ No
31. Does the rental contract have an indemnification clause? ☐ Yes ☐ No
32. Does our Insured require to be named as an Additional Insured on the renter's policy? ☐ Yes ☐ No

## CRANE SUPPLEMENTAL

1. Are cranes used on a regular basis? ☐ Yes ☐ No
2. Are cranes ☐ Owned ☐ Leased
3. Provide a general description of crane usage: \_\_\_\_\_
4. What types of projects are cranes used? \_\_\_\_\_
5. What types of objects are typically lifted? \_\_\_\_\_
6. Does the Insured conduct any crane-related operations listed below:  
☐ Tandem Lifts ☐ Waterborne (barge mounted) ☐ Near water's edge (oceans, rivers, lakes, dams)  
☐ In/around power plants, chemical plants, refineries ☐ Around live power lines  
☐ Other—describe other: \_\_\_\_\_
7. If any above are checked please describe experience and expertise in detail as well as give examples of picks you have completed: \_\_\_\_\_
8. If you have any waterborne crane exposures please tell us who supplies and determines the seaworthiness of the barge, how much experience you have with this type of lift and if a marine engineer or manufacturer provided crane load charges: \_\_\_\_\_

## MANAGEMENT

1. Are crane operators: ☐ Employees ☐ Union ☐ Temp Leased
2. Describe the crane safety program and provide a copy: \_\_\_\_\_
3. Estimators, project managers, superintendents & foreman—what training do these people attend to improve their knowledge of crane safety?  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Describe how employees and management are held accountable for safety:  
 \_\_\_\_\_
5. Does the insured review job site ground conditions to make sure it is stable enough to handle the requested lift? ☐ Yes ☐ No

## CRANE CONTROLS

Please check the controls in place to prevent boom collapse:

- |   |  |
|---|--|
| <input type="checkbox"/> Manual Boom Angle Indicators                                 | <input type="checkbox"/> Automated/Digital Angle Indicators with Alarms                  |
| <input type="checkbox"/> Anti Two-blocking Device                                     | <input type="checkbox"/> Written Guidelines on Outrigger Use                             |
| <input type="checkbox"/> Written Guidelines on Max Wind Speeds Allowed to Make a Lift | <input type="checkbox"/> Insured has Qualified Staff to Engineer Picks Prior to the Lift |
| <input type="checkbox"/> Other—Describe: _____  |  |



**CRANES RENTED TO OTHERS**—Applicable if Insured rents Cranes to others

1. Does the insured ever rent cranes to others? ☐ Yes ☐ No  
If Yes, ☐ With Operators ☐ Without Operators
2. Do they collect the Certificates of Insurance from their lessees? ☐ Yes ☐ No
3. Do their lease agreements require full boom coverage on an all-risk basis at 100% replacement cost value? ☐ Yes ☐ No
4. Does the contract have a hold harmless agreement? ☐ Yes ☐ No
5. Does the contract have an indemnification clause? ☐ Yes ☐ No
6. Does our Insured require to be named as an Additional Insured on the renter's policy? ☐ Yes ☐ No

**EQUIPMENT DEALER SUPPLEMENTAL**

1. Describe the Insureds operations and in the equipment for sale:  
\_\_\_\_\_

2. Estimated Gross Sales for the upcoming year: \$\_\_\_\_\_

3. Estimated Gross Sales for the past year: \$\_\_\_\_\_

LOCATION #	LOCATION ADDRESS	LIMITS OF INSURANCE INSIDE BUILDINGS	LIMITS OF INSURANCE OUTSIDE BUILDINGS
Loc.		\$	\$
Loc.		\$	\$
Loc.		\$	\$
Loc.		\$	\$
Loc.		\$	\$

LOCATION #	CONSTRUCTION TYPE	SPRINKLERED YES/NO	ALARMED	FENCED	OTHER TYPES OF PROTECTION
Loc.					
Loc.					
Loc.					
Loc.					
Loc.					

4. Does the Insured transport the sold equipment? ☐ Yes ☐ No
5. If Yes, do they transport the equipment on their own vehicles? ☐ Yes ☐ No  
If No, describe the risk transfer process for the party responsible for transporting the equipment:  
\_\_\_\_\_

6. Reporting and Adjustment Period: ☐ Annual ☐ Quarterly ☐ Monthly ☐ N/A



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