

Crane, Rigging and Heavy Equipment

Edited by Foxit PDF Editor
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For Evaluation Only.

In order to develop competitive pricing options all questions must be answered completely and all attachments must be received promptly. **NOTE:** If you write "see attached" you will not receive a quotation.

1. **Retail Producer Company:** _____ **Date:** _____

2. **Name of Applicant:** _____

Address: _____

3. **Line(s) of business submitted:** Inland Marine General Liability Umbrella

4. **Primary states/provinces in which applicant's business is conducted:** _____

5. **Provide an estimated breakdown of payroll and gross receipts as outlined below:** U.S. Currency Canadian Currency

	<i>Annual Payroll</i>	<i>Annual Gross Receipts</i>
(a) Crane Rental with operator	\$ _____	\$ _____
(b) Crane Rental without operator	\$ _____ (N/A)	\$ _____
(c) Other Equipment Rental ^(*1) (describe below)	\$ _____ (if applicable)	\$ _____
(d) Rigging when done as a separate operation from any of the above operations.	\$ _____ (mandatory)	\$ _____
(e) Millwright work, include installation, and repair of machinery and/or equipment.	\$ _____ (mandatory)	\$ _____
(f) Sales of equipment ^(*2) (describe below)	\$ _____ (N/A)	\$ _____
(g) Heavy Hauling	\$ _____	\$ _____
(h) Any other operations ^(*3) (describe below)	\$ _____ (if applicable)	\$ _____

(*1) _____

(*2) _____

(*3) _____

6. **Describe products/equipment typically lifted by applicant:** _____

- (a) What is the average on-hook exposure? \$ _____
- (b) What is the maximum on-hook exposure? \$ _____

7. **Describe industries that provide a large percentage of applicant's work, i.e., Utilities, Oil Field, Refineries, Bridges, Commercial Construction, Industrial Plants, Stevedoring, etc.** _____

SRS Crane/Heavy Equipment Application

Applicant: _____

Date: _____

8. **Does the applicant lease or rent equipment from others?** YES NO
(a) If so, what type of equipment? _____
(b) What are the average expenditures for equipment leased or rented from others? \$ _____

9. **Operators and oilers are:** Union Non-Union
Number of : Operators _____ Oilers _____ All other employees _____

10. Loss Control and Maintenance

- (a) Is a written loss control and job site safety plan updated regularly? YES NO
(b) Is one employee responsible for safety program? YES NO
If yes, name _____
(c) Are weekly safety meetings held with field employees? YES NO
(d) Is there a screening or reference process for new operators? YES NO
(e) Is there a minimum age for operators? YES NO
If yes, what age? _____
(f) Is there a schedule maintenance program? YES NO
(g) Is there a written form for crane inspections which is kept on file? YES NO
(h) Are cranes certified: YES NO
If so, how often and by whom? _____
(i) Are operators certified? YES NO
If so, by who: _____
(j) Are Certificates of Insurance required from lessees on bare rentals? YES NO
(k) Do you order MVR's on all drivers/operators? YES NO

11. Attachments:

- | | |
|--|--|
| ⇒ Schedule of all owned equipment for leasing and rentals | Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ⇒ Currently valued loss runs (6 months old or more recent for the current year and at least the 3 prior years) | Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ⇒ List of equipment with values | Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ⇒ Copy of rental contracts and related work agreements, including long-term/short-term | Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ⇒ Details and full amount of each loss paid or reserved in excess of \$25,000. | Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ⇒ Details of all open losses. | Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No |

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12. Loss Experience

Currently Valued Loss History, "Ground-Up" Past Four Years, 100% Amount of Incurred Losses.

General Liability

Policy Period	#Claims	Paid	Reserved	Incurred	Evaluation Date
Current Year					
1 st Prior Year					
2 nd Prior Year					
3 rd Prior Year					

Expiring Premium: _____

Inland Marine/Equipment

Policy Period	#Claims	Paid	Reserved	Incurred	Evaluation Date
Current Year					
1 st Prior Year					
2 nd Prior Year					
3 rd Prior Year					

Expiring Premium: _____

Umbrella

Policy Period	#Claims	Paid	Reserved	Incurred	Evaluation Date
Current Year					
1 st Prior Year					
2 nd Prior Year					
3 rd Prior Year					

Expiring Premium: _____

14. Describe *what it will take* to write this account: _____

Retail Producer Company

Branch Office (if applicable)

Producer Signature

Date