



Crane Supplemental Application

APPLICANT INFORMATION
Full Name of Applicant:
Address:
Website Address:
Separately list and describe all operations:
List states in which the applicant operates:
Number of years in business under current name:

OPERATIONS		
Crane Rental with Operator	\$	\$
Crane Rental without Operator	\$	\$
Other Equipment Rental (describe below)	\$	\$
Millwright – machinery moving or installation	\$	\$
Sales of New Equipment	\$	\$
Sales of Used Equipment	\$	\$
Heavy Hauling	\$	\$
Contractors Equipment, other than cranes, rented to others with operators	\$	\$
Contractors Equipment, other than cranes, rented to others without operators	\$	\$
Other	\$	\$
Other	\$	\$

3. Indicate if any work or operations involving the following

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Blasting | <input type="checkbox"/> Wrecking |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Oil Field | <input type="checkbox"/> Helicopter Lifts |

4. Describe typical products / machinery lifted _____

5. What is the average on-hook exposure? _____

6. What is the maximum on-hook exposure? _____

7. Which industries provide a large percentage of your work (i.e. utilities, bridges, commercial construction, industrial plants etc.) _____

8. Do you rent equipment from others? Yes No
 If Yes, please describe _____

9. Percentage of oilers and operators that are
 Union _____ Non-Union _____



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10. Is a written loss control or jobsite safety plan updated regularly? Yes No
 If Yes, how often _____
11. Are weekly safety meetings held with field employees? Yes No
12. Is a screening or background check performed for new operators? Yes No
13. Is there a minimum age for operators? Yes No
 If Yes, what is it _____
14. Is there a scheduled maintenance program in place? Yes No
15. Is there a written crane maintenance procedure and repair log? Yes No
 If Yes, please describe _____
17. Are cranes certified? Yes No
 If Yes, by whom _____
 How often _____
18. Are operators certified? Yes No
 If Yes, by whom _____
19. Are certificates of insurance required from all lessees on any bare rentals? Yes No
20. Have you had any OSHA violations in relation to crane usage? Yes No
 If Yes, please describe _____
21. Are all cranes equipped with weight load monitoring devices that automatically shut down the machine if cargo exceeds maximum capacity? Yes No
22. Do you use ground spotters with tag lines and an experienced signal person when operating cranes? Yes No
23. Please describe what types of precautions are taken when completing lifts around high voltage power lines _____
24. Do you employ a full-time Risk Manager? Yes No
25. Are there any safety incentives? Yes No
 If Yes, please describe _____

SUBCONTRACTED EXPOSURES		
1.	Do you require certificates of insurance for all subcontracted work? If Yes, How long do you maintain records? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Do you obtain updated certificates for subcontracted work each year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	What minimum limits of liability do you require that your subcontractors carry?	\$
4.	Are hold harmless agreements obtained from subcontractors in favor of the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Is the applicant named as an additional insured on the subcontractor's policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does the subcontractor carry workers compensation for all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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LOSS CONTROL		
1.	Do you have a formal safety program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Do you review Motor Vehicle Records on prospective employees and annually thereafter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you have specific criteria that you use to determine acceptable/unacceptable-driving records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Does the insured have a Vehicle maintenance plan in place to address the following equipment? Brakes Steering Tires Electrical Drivability	
5.	Please detail criteria used to determine acceptable/unacceptable-driving records?	
6.	Explain how you handle employees with unacceptable driving records. i.e. Remove driving privileges, written warning, probationary period, etc.	

WARRANTY			
The purpose of the Supplemental Questionnaire is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore warrants the information contained herein (consisting of five pages) is true and accurate to the best of his knowledge, information and belief. The Supplemental Questionnaire, and the application to which it is appended, shall be the basis of any insurance policy that may be issued and will be part of such policy.			
Signature of Applicant:			
Name & Title:		Date:	