

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

CRANE OPERATOR & RIGGERS LIABILITY APPLICATION SUPPLEMENT

1. Proposed First Named Insured & Other Named Insured(s):

2.	Mailing Address Street City	County	State		ZIP Code			
3.	Web Site Address:							
4.	Proposed Effective Date: From:	To:						
BUS								
5.	Number of Years in Business under present name:							
6.	Description of Operations:							
7.	Geographic area of operation by state:							
8.	Estimated breakdown of Gross Receipts & Payrolls f	or the following categories:						
		Payrolls	Rece	eipts				
	Crane Rental with Operator	\$	\$					
	Bare Crane Rental	\$	\$					
	Millwright work including installation & repair	\$	\$					
	Steel Erection	\$	\$					
	Rigging (if done separately from any of the above)	\$	\$					
	Heaving Hauling	\$	\$					
	Sales of Equipment	\$	\$					
	Miscellaneous (describe):	\$	\$					
	Total	\$	\$					
9.	Describe the kinds of materials/equipment that are ty	pically lifted by your cranes:						
	a. Average on-hook exposure: U.S. \$							
	b. Maximum on-hook exposure: U.S. \$							
10.	Industries and/or customers the risk predominantly services (e.g. Commercial Construction, Industrial, Marine,							
	Utility, Refineries, etc.):							
EXP	EXPERIENCE							
11.	Average number of years of experience for your equipment operators:							
12.	Minimum number of years required for an equipment operator:							
			Ye		No			
13.	Is there a screening process for new operators?							
	Explain:			_	_			
14.	Are crane operators certified?		L					
	If yes, indicate percentage: %				_			
15.	Does applicant lease employees?	•	Ĺ	4				
16.	Does applicant have Worker's Compensation in plac	e?	L					
17.	List equipment rented with operator:							
18.	List equipment rented without operator:							

LOSS CONTROL & MAINTENANCE

		Yes	No		
19.	Is there a formal loss control or safety program?				
20.	Is safety manager responsible for the safety program?				
21.	Do you order MVRs for all drivers?				
22.	Are regular safety meetings held with employees?				
23.	Is there a schedule maintenance program?				
24.	Is there a written form for crane inspections?				
25.	Is there an accident report form?				
26.	Are cranes certified?				
	If yes, how often and by whom:				
		Yes	No		
27.	On all Bare Rentals, are Certificates of Insurance obtained from all lessees?				
28.	Is Insured (Lessor) named as Additional Insured on lessee's policy?				
29.	Does lessee carry a minimum General Liability limit of \$1,000,000?				
30.	Does contract contain Hold Harmless/Indemnification Agreement in your favor?				
31.	Does the risk perform dual/tandem lifts?				
32.	Does applicant frequently assign the same crane to the same operator whenever possible?				
33.	Does equipment have an alarm device detecting:				
	a. Maximum load capacity				
	b. Wind gusts exceeding safe limit				
EQUIPMENT					

possible.

Load capacity of applicant's cranes:

Maximum:

Minimum:

LOSSES/JOB HISTORY

Attach currently valued loss history on a first dollar basis for the past 3 years.

34. Total number of employees:

Year	Payrolls	Receipts
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

36. Describe the 5 largest recently completed jobs within the past 3 years, including receipts.

Description of Job	Receipts
	\$
	\$
	\$
	\$
	\$

37. List any current and/or pending jobs for the upcoming policy period, including receipts.

<u> </u>	01		
			Receipts
			\$
			\$
			\$

CURRENT INSURANCE COVERAGE					
Carrier:			Limits:		
Deductible:			Premium:		
Riggers: \$ Any One Rigging		Any One Rigging	Project		
	\$	Catastrophe Limit			
	\$	Rigging Receipts			

FRAUD STATEMENTS

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

LOUISIANA and MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES					
Applicant Signature	Title	Date			
Producer Signature		Date			
Agent Name and Address					