

CRANE OPERATOR & RENTAL QUESTIONNAIRE SUPPLEMENTAL APPLICATION

NOTE: Applications incomplete or unsigned by the applicant are unacceptable .

APPLICANT INFORMATION 1. NAME (FIRST NAMED INSURED AND OTHER NAMED INSURED(S) * * IF INSURED HAS EVER WORKED UNDER A DIFFERENT NAME(S), LIST ALL HERE:		2. WEB ADDRESS 3. POLICY PERIOD FROM _____ TO _____	
4. NUMBER OF YEARS IN <u>THIS</u> BUSINESS?	5. DESCRIBE TYPE OF WORK INSURED SPECIALIZES IN:		
6. STATES INSURED OPERATES IN AND IS LICENSED IN?	7. WHAT IS INSURED'S GEOGRAPHIC AREA OF OPERATION?		
	8. CONTRACTOR LICENSE NUMBER(S) AND NAME(S) ON LICENSE(S):		
9. CRANE OPERATIONS A. CRANE RENTAL WITH OPERATORS _____% B. CRANE RENTAL WITHOUT OPERATORS _____% C. CRANE JOBS YOU PERFORM _____%	10. DESCRIBE MANAGEMENT EXPERIENCE IN THIS BUSINESS:		
	11. A. ESTIMATED NUMBER OF JOBS ANNUALLY _____ B. AVERAGE COST PER JOB \$ _____ C. ESTIMATED LENGTH OF TIME PER JOB _____ D. MAXIMUM NUMBER OF JOBS RUN CONCURRENTLY _____		
	12. DESCRIBE CUSTOMER BASE:		
	13. DESCRIBE INSURED'S 5 LARGEST CURRENT AND 5 LARGEST COMPLETED PROJECTS, ANTICIPATED COMPLETION DATE OR ACTUAL COMPLETION DATE, GROSS REVENUE, AND LOCATIONS (CITY/STATE) OF THE SITE: A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____		
14. CRANE OPERATORS			
A. OPERATORS	NUMBER	D. OPERATORS AND OILERS:	E. YEARS EXPERIENCE OF LEAST EXPERIENCED OPERATOR
B. CCO CERTIFIED OPERATORS	_____	UNION <input type="checkbox"/> YES	_____
C. ALL OTHER EMPLOYEES	_____	NON-UNION <input type="checkbox"/> YES	
15. INDICATE THE PERCENT OF WORK INSURED PERFORMS BASED ON TOTAL OPERATIONS OF ANY OF THE FOLLOWING:			
BUILDING MATERIALS	%	EQUIPMENT	%
CONCRETE	%	POLES	%
DEMOLITION WORK	%	RAILROAD	%
HVAC UNITS	%	SIGNS	%
		SPANS	%
		STEEL BEAMS	%
		TREES	%
		MISC.	%
16. IF INSURED PERFORMS ANY WORK FOR THE FOLLOWING, CHECK ALL THAT APPLY:			
AIRPORTS	<input type="checkbox"/>	DEPARTMENT OF HOMELAND SECURITY	<input type="checkbox"/>
DOT (DEPARTMENT OF TRANSPORTATION)	<input type="checkbox"/>	FEDERAL GOVERNMENT (OTHER)	<input type="checkbox"/>
DEPARTMENT OF ENERGY	<input type="checkbox"/>	MILITARY INSTALLATIONS	<input type="checkbox"/>
		MUNICIPALITIES	<input type="checkbox"/>
		PUBLIC UTILITIES	<input type="checkbox"/>
		RAILROADS	<input type="checkbox"/>

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IF ANY ARE CHECKED ABOVE, DESCRIBE WORK:

17. DO YOU HAVE A WRITTEN CONTRACT WITH EACH AND EVERY CUSTOMER? YES NO
IF YES, ATTACH SAMPLE.

JOB MANAGEMENT/SAFETY

18. WHO IS RESPONSIBLE FOR SAFETY WITHIN THE COMPANY? (NAME AND TITLE):

19. LOSS CONTROL PROGRAM:	YES	NO
A. DO YOU HAVE A FORMAL LOSS CONTROL PROGRAM?	<input type="checkbox"/>	<input type="checkbox"/>
B. IS IT IN WRITING?	<input type="checkbox"/>	<input type="checkbox"/>
C. WHICH OF THE FOLLOWING ELEMENTS DOES IT INCLUDE:		
(1) SAFETY RULES AND REGULATIONS?	<input type="checkbox"/>	<input type="checkbox"/>
(2) SAFETY MEETINGS? HOW FREQUENTLY? _____ ATTENDANCE MANDATORY? WHO CONDUCTS MEETING? _____	<input type="checkbox"/>	<input type="checkbox"/>
(3) SITE SAFETY INSPECTION LIST?	<input type="checkbox"/>	<input type="checkbox"/>
(4) FIRE PREVENTION/PROTECTION TRAINING?	<input type="checkbox"/>	<input type="checkbox"/>
(5) HAZARDOUS MATERIAL HANDLING TRAINING (MSDS)?	<input type="checkbox"/>	<input type="checkbox"/>
(6) HAZCOM (RIGHT TO KNOW)?	<input type="checkbox"/>	<input type="checkbox"/>
(7) HAZARDOUS WORK PERMITS?	<input type="checkbox"/>	<input type="checkbox"/>
(8) PRE-PROJECT/TASK PLANNING?	<input type="checkbox"/>	<input type="checkbox"/>
(9) SUBSTANCE ABUSE PREVENTION?	<input type="checkbox"/>	<input type="checkbox"/>
(10) EMERGENCY PROCEDURES?	<input type="checkbox"/>	<input type="checkbox"/>
(11) ACCIDENT INVESTIGATIONS/REPORTING?	<input type="checkbox"/>	<input type="checkbox"/>
(12) TRAINING DOCUMENTATION?	<input type="checkbox"/>	<input type="checkbox"/>
(13) RECORD KEEPING?	<input type="checkbox"/>	<input type="checkbox"/>
(14) AUDITS/INSPECTIONS?	<input type="checkbox"/>	<input type="checkbox"/>
D. ARE ALL ACCIDENTS INVESTIGATED?	<input type="checkbox"/>	<input type="checkbox"/>
E. IS A SAFETY REVIEW OF THE JOB PERFORMED DURING THE BIDDING PROCESS?	<input type="checkbox"/>	<input type="checkbox"/>
F. IS THERE A SCREENING OR REFERENCE PROCESS FOR NEW OPERATORS?	<input type="checkbox"/>	<input type="checkbox"/>
G. IS THERE A MINIMUM AGE FOR OPERATORS? WHAT IS IT? _____	<input type="checkbox"/>	<input type="checkbox"/>
H. DO YOU MAINTAIN MVR RECORDS ON ALL OPERATORS?	<input type="checkbox"/>	<input type="checkbox"/>
I. IS AN ORIENTATION PROGRAM OFFERED NEW/TRANSFERRED EMPLOYEES?	<input type="checkbox"/>	<input type="checkbox"/>
J. WHEN IS THE ORIENTATION PROGRAM PROVIDED TO EMPLOYEES? FIRST DAY <input type="checkbox"/> FIRST WEEK <input type="checkbox"/> WHEN TIME ALLOWS <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. DOES THE INSURED MANDATE USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)?	<input type="checkbox"/>	<input type="checkbox"/>
L. DOES INSURED PROVIDE TRAINING IN PPE USAGE?	<input type="checkbox"/>	<input type="checkbox"/>
M. DO YOU USE MAN BASKETS? HOW OFTEN? _____	<input type="checkbox"/>	<input type="checkbox"/>
N. IF AN OUTSIDE SOURCE OPERATES/ERECTS/DISMANTLES CRANE, ARE CERTIFICATES OF INSURANCE OBTAINED?	<input type="checkbox"/>	<input type="checkbox"/>
O. ARE YOU AN ADDITIONAL INSURED ON THE OUTSIDE SOURCE'S GENERAL LIABILITY POLICY?	<input type="checkbox"/>	<input type="checkbox"/>
P. ARE CERTIFICATES OF INSURANCE OBTAINED FROM LESSEES OF BARE RENTALS?	<input type="checkbox"/>	<input type="checkbox"/>
Q. ARE YOU AN ADDITIONAL INSURED ON THE LESSEES GENERAL LIABILITY POLICY?	<input type="checkbox"/>	<input type="checkbox"/>
R. CRANE SAFETY:		
(1) IS THERE A SCHEDULED MAINTENANCE PROGRAM FOR CRANES? DESCRIBE: (DAILY VISUAL, WEEKLY & MONTHLY CHECKS, ETC.) _____	<input type="checkbox"/>	<input type="checkbox"/>
(2) IS THERE A WRITTEN CRANE INSPECTION REPORT FORM? IF YES, ATTACH COPY OF LATEST REPORT.	<input type="checkbox"/>	<input type="checkbox"/>
(3) ARE THESE INSPECTION/SERVICE RECORDS MAINTAINED AND AVAILABLE FOR REVIEW?	<input type="checkbox"/>	<input type="checkbox"/>
(4) ARE CRANE OPERATORS CERTIFIED? IF YES, ATTACH COPY OF CERTIFICATION(S).	<input type="checkbox"/>	<input type="checkbox"/>
(5) WHO ERECTS/DISMANTLES THE CRANE? EMPLOYEES? <input type="checkbox"/> OTHER? <input type="checkbox"/>		
(6) WHAT ARE THE QUALIFICATIONS OF THE PERSON(S) ERECTING/DISMANTLING CRANE? _____		
(7) DO YOU VERIFY THE QUALIFICATION OF OPERATORS OF YOUR EQUIPMENT ON BARE RENTALS?	<input type="checkbox"/>	<input type="checkbox"/>
(8) IS A WRITTEN AGREEMENT REQUIRED FROM RENTERS/LESSEES OF THE EQUIPMENT?	<input type="checkbox"/>	<input type="checkbox"/>
(9) WHAT IS: AVERAGE "ON HOOK" VALUE? _____ AVERAGE HEIGHT OF LIFTS? _____ MAXIMUM "ON HOOK" VALUE? _____ MAXIMUM HEIGHT OF LIFTS? _____		
(10) WHAT IS THE MAXIMUM HEIGHT WORKED WHEN USING CRANE? _____ FEET		
(11) IS MAXIMUM LOAD CAPACITY CLEARLY VISIBLE ON THE CRANE FOR OPERATOR AND SUPERVISOR TO SEE?	<input type="checkbox"/>	<input type="checkbox"/>
(12) ARE LOAD CHARTS ON THE CRANE MAINTAINED AND AVAILABLE FOR REVIEW?	<input type="checkbox"/>	<input type="checkbox"/>

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S. HAS INSURED BEEN INSPECTED BY OSHA IN PAST THREE (3) YEARS?
 T. WERE THESE INSPECTIONS IN RESPONSE TO COMPLAINTS?
 U. HAS INSURED BEEN CITED AS A RESULT OF THESE INSPECTIONS?
 IF YES, DESCRIBE THE CITATION: _____

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

20. DESCRIBE HOW THE JOB SITE, EQUIPMENT AND TOOLS ARE SECURED AT END OF WORKDAY:

21. ARE ALL JOBS INSPECTED BY MANAGEMENT AT COMPLETION BEFORE LEAVING THE JOB SITE? YES NO

22. DETAIL ANY OTHER SPECIAL EXPOSURES

23. CRANES

TYPE & MAKE DESCRIPTION	YEAR	(000) CURRENT VALUE	(000) REPLACEMENT COST	MAXIMUM REACH & LIFT CAPACITY	SERIAL NUMBER

24. OTHER EQUIPMENT

TYPE & MAKE DESCRIPTION	YEAR	(000) CURRENT VALUE	(000) REPLACEMENT COST	SERIAL NUMBER

25. CRANE OPERATORS DRIVING INFORMATION

NAME	BIRTH DATE	DRIVERS LICENSE #	STATE OF LICENSE	HEAVIEST CRANE DRIVER OPERATES	YEARS EXPERIENCE OPERATING CRANES

PAYROLL & RECEIPTS

26.

	PAYROLL	RECEIPTS	PERCENT - RECEIPTS		
			RESIDENTIAL	COMM'L	INDUSTRIAL
A. MILLWRIGHT WORK INCLUDING MACHINERY INSTALLATION AND REPAIR			%	%	%
B. STEEL ERECTION			%	%	%
C. CRANE RENTAL WITH OPERATOR			%	%	%
D. RIGGING IF DONE AS A COMPLETE AND SEPARATE OPERATION FROM ANY OF THE ABOVE			%	%	%
E. BARE CRANE RENTAL			%	%	%

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F. TRANSPORTING/HAULING			%	%	%
G. RENTAL OF EQUIPMENT OTHER THAN CRANES WITH OPERATOR			%	%	%
H. RENTAL OF EQUIPMENT OTHER THAN CRANES WITHOUT OPERATOR			%	%	%
I. MISCELLANEOUS (DESCRIBE)			%	%	%
TOTAL					

27. FORECASTED

	PAYROLL	RECEIPTS	PERCENT - RECEIPTS		
			RESIDEN- TIAL	COMM'L	INDUS- TRIAL
NEXT 12 MONTHS TOTAL			%	%	%

28. CLAIMS OVER \$2,000

DATE OF LOSS	INCURRED CLAIM AMOUNT PAID	DESCRIPTION

29. ATTACH THE FOLLOWING WITH THIS APPLICATION:

- COPY OF TABLE OF CONTENTS PAGE OF YOUR SAFETY MANUAL
- COPY OF RENTAL CONTRACTS OR WORK AGREEMENTS INCLUDING BARE RENTAL CONTRACT, IF APPLICABLE
- COPY OF INSPECTION FORMS AND MOST CURRENT INSPECTIONS
- CURRENT HARD COPY LOSS RUNS FOR FIVE (5) YEARS.
- MOST RECENT FINANCIALS.

SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.

FRAUD NOTICES:

PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.

ARKANSAS: AR CODE §23-66-503 "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

COLORADO: CO STAT. §10-1-127 "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

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<p>DISTRICT OF COLUMBIA: DC CODE §22-3825.9 "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."</p>
<p>FLORIDA: FL STAT. §817.234 "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."</p>
<p>HAWAII: HI STAT. §431:10C-307.7 "FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH."</p>
<p>KENTUCKY: KY STAT. §304.47-030 "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME."</p>
<p>LOUISIANA: LA STAT. §1424 "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."</p>
<p>MAINE: ME STAT. TI 24-1, §2186 "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS."</p>
<p>NEW JERSEY: NJ STAT. §17:33A-6 "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."</p>
<p>NEW MEXICO: NM STAT. §59A-16C-8 "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."</p>
<p>OHIO: OH CODE §3999.21 "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."</p>
<p>OKLAHOMA: OK STAT. TI 36, §3613. "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."</p>
<p>OREGON Bulletin 98-5 ANY PERSON, WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION FOR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD."</p>
<p>PENNSYLVANIA: PA STAT. TI 18, §4117 "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."</p>
<p>RHODE ISLAND: RI GEN. LAWS §27-54-8 "THE FAILURE TO DISCLOSE A CONVICTION FOR ARSON MAY SUBJECT THE APPLICANT TO CRIMINAL PENALTIES."</p>
<p>TENNESSEE: TN CODE §56-53-111 "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."</p>
<p>VIRGINIA: VA CODE §52-40 "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."</p>

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OTHER STATES: WARNING: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME, AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NEW YORK: NY COMPILATION OF CODES, RULES & REGULATIONS TITLE 11, SECTION 86
"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.

Applicant Name (Name of Company)	Producer's Name
Signature of Authorized Representative	Producer's Signature
Print Name	Producer's Phone
Title	Producer's Fax
Date	Producer's Email