



CRANE, RIGGING & HEAVY EQUIPMENT SUPPLEMENTAL APPLICATION

Named Insured: _____

Insured Email Address* (Required to Rate): _____

FEIN # (Required to Rate): _____

Physical Address: _____

Agency Name: _____

Agency Representative: _____

Agent Phone Number: _____

Agent Email Address: _____

How Did You Hear About Us?

- Print Advertisement, Tradeshow/Conference, Email Broadcast, Social Media (i.e. Facebook), Internet Search, Webinar, Postcard, Friend, Other: _____

Description of Operations

- Lines of business submitted: Commercial General Liability, Commercial Auto/Mobile Liability, Umbrella/Excess, Inland Marine/Property, Contractors' Pollution

Complete Description of Operations: _____

- Individual, Partnership, Corporation, Limited Corporation, Joint Venture, Other: _____

If other, list description: _____

Table with 2 columns: Name, Operations. Rows 1, 2, 3.

Years in business: _____

Years of experience of Principals: _____

List all states where applicant has any operations: _____

Average number of field operations employees: _____

Field operations gross payroll: \$ _____ Gross receipts: \$ _____

What percentage of work is offshore? _____ % What percentage of work is wet or marshland? _____ %



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SUPPLEMENTAL APPLICATION**

Operations	Payroll	Annual Gross Receipts
Crane Rental With Operator	\$	\$
Crane Rental Without Operator	\$	\$
Other Equipment Rental (describe below 1*)	\$	\$
Rigging when done as a separate operation from any of the above operations	\$	\$
Millwright – machinery moving & installation	\$	\$
Sales of equipment (2* indicate new/used)	\$	\$
Heavy Hauling – Transportation of equipment	\$	\$
Contractors Equipment Other than Cranes, Derricks, Power Shovels & Equipment rented to others with operators (3*)	\$	\$
Contractors Equipment Other than Cranes, Derricks, Power Shovels & Equipment rented to others without operators (4*)	\$	\$
OTHER*	\$	\$
OTHER*	\$	\$
(1*)		
(2*)		
(3*)		
(4*)		

Describe any work on or adjacent to bodies of water, including dams and bridge work:

Describe any blasting/demolition and wrecking and/or mining operations:

Describe products/equipment typically lifted by applicant:

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

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

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? \$ _____

Operators and oilers are: Union Non-Union
 Number of: Operators _____ Oilers _____

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 the safety program? Yes No

If yes, please name: _____

c) Are weekly safety meetings held with field employees? Yes No

d) Is there a screen or reference process for new operators? Yes No

e) Is there a minimum age for operators? Yes No

f) Is there a schedule maintenance program? Yes No

g) Is there a written form kept on file for crane inspections? Yes No

h) Are cranes certified? Yes No

If yes, how often and by whom? _____

i) Are operators certified? Yes No

If yes, how often and by whom? _____

j) Are Certificates of Insurance required from lessees on bare rentals? Yes No

k) Do you order MVRs on all drivers/operators? Yes No

Do you use or have exposure to radioactive material? Yes No

If yes, please describe and include protective measures: _____

Describe the use of any explosives in conjunction with your operations: _____

Describe procedures when working with hazardous materials (i.e. acids): _____

Do you or anyone working on your behalf perform services relating to surveying underground structures or formations? Yes No

SAFETY - Attach copy of Safety Program

Name of Safety Director: _____

Safety Director reports to: _____

Years with organization: _____ Years in the safety field: _____ Percentage of time spent on safety: _____ %



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How often are safety meetings held? _____

Are employees required to attend?

Yes No

Is a written loss control and job site safety plan updated regularly?

Yes No

Does the loss control and job safety plan address setup near powerlines?

Yes No

Describe the Safety Director's duties:

Describe any safety award program(s):

SUBMISSION REQUIREMENTS

Inland Marine / Property / General Liability	Commercial Auto	Umbrella / Excess
Acord Sections	Acord Sections	Acord Sections
NBIS Supplemental Application	Five Years Current Loss Runs	NBIS Supplemental Application
Five Years Currently Value Loss History	Vehicle Schedule With Cost New	Vehicle Schedule
Equipment Schedule	Driver Schedule	Underlying CGL Quotation
Operator Certifications	Motor Vehicle Reports - All Drivers	Underlying Auto Quotation
Equipment Inspections		Employer's Liability Carrier/Limit
Safety Program		Five Year Loss Summary Each Line
Lease / Rental Agreement		

ATTENTION

1. THE APPLICANT WARRANTS THAT THE ABOVE STATEMENTS AND PARTICULARS, TOGETHER WITH ANY ATTACHED OR APPENDED DOCUMENTS OR MATERIALS ("THIS APPLICATION"), ARE TRUE AND COMPLETE AND DO NOT MISREPRESENT, MISSTATE OR OMIT ANY MATERIAL FACTS.
2. THE APPLICANT UNDERSTANDS THAT THE COMPANY RELIED UPON THE INFORMATION CONTAINED WITHIN THIS APPLICATION TO DETERMINE ACCEPTABILITY, RATES AND COVERAGE.
3. THE APPLICANT UNDERSTANDS THAT ANY MISREPRESENTATION OR OMISSION SHALL CONSTITUTE GROUNDS FOR RESCISSION OF COVERAGE AND DENIAL OF CLAIMS, OR, AT THE OPTION OF THE COMPANY, THE ASSESSMENT OF ADDITIONAL PREMIUM CHARGES. THE APPLICANT REPRESENTS AND WARRANTS TO THE COMPANY THAT, IF A POLICY IS ISSUED TO THE APPLICANT, THE APPLICANT WILL COOPERATE WITH THE COMPANY IN CONNECTION WITH ANY INSPECTION, PREMIUM AUDIT AND IN ALL OTHER RESPECTS AS REQUIRED UNDER THE POLICY.
4. THE APPLICANT UNDERSTANDS THE COMPANY IS NOT OBLIGATED NOR UNDER ANY DUTY TO ISSUE A POLICY OF INSURANCE BASED UPON THIS APPLICATION. THE APPLICANT FURTHER UNDERSTANDS THAT, IF A POLICY IS ISSUED, THIS APPLICATION WILL BE INCORPORATED INTO AND FORM A PART OF SUCH POLICY.
5. IF THE APPLICANT BECOMES AWARE THAT ANY RESPONSE ON THIS APPLICATION IS INACCURATE AS A RESULT OF INFORMATION OR CHANGE OF CIRCUMSTANCES BEFORE A POLICY IS ISSUED, THE APPLICANT MUST INFORM THE COMPANY OF SUCH CHANGE, IN WRITING, AND ANY POLICY ISSUED BEFORE SUCH NOTIFICATION IS SUBJECT TO IMMEDIATE CANCELLATION.
6. THE APPLICANT AUTHORIZES THE COMPANY TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THE APPLICATION AS IT MAY DEEM NECESSARY.

THE UNDERSIGNED, BEING AUTHORIZED BY AND ACTING ON BEHALF OF THE PROSPECTIVE INSURED, REPRESENTS THAT THE ANSWERS GIVEN ARE TRUE. FAILURE TO PROVIDE TRUTHFUL ANSWERS AND ALL MATERIAL INFORMATION CAN RESULT IN THE COMPANY ELECTING TO CANCEL, REFORM AND/OR RESCIND THE POLICY.

("APPLICANT", "YOU", "YOUR" AND SIMILAR WORDS REFER TO THE PROSPECTIVE INSURED)

THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN POLICIES ISSUED BY THE COMPANY VARY SIGNIFICANTLY FROM THOSE CONTAINED IN MANY OTHER LIABILITY INSURANCE POLICIES. THE POLICY FORM ISSUED BY THE COMPANY PROVIDES COVERAGE THAT MAY BE MORE LIMITED THAN THAT AVAILABLE UNDER THE "ISO" INSURANCE POLICY OR SIMILAR TYPES OF POLICIES. YOU SHOULD CAREFULLY REVIEW THE ENTIRE POLICY WITH YOUR AGENT, LEGAL COUNSEL OR OTHER INSURANCE PROFESSIONAL TO MAKE SURE THAT YOU UNDERSTAND THE COVERAGE IT PROVIDES, AND YOUR RIGHTS AND OBLIGATIONS UNDER THE POLICY.

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.

Signature of Applicant

Date

Title (Officer, Manager, Partner, Owner)

Signature of Broker

Date

**As an associated party to NBIS, you will be notified via e-mail about products or services that may be of interest to you. To opt-out from these program updates, please go to NBIS.com, then Contact Us, and select Opt-Out Request.*