

# Crane, Rigging and Heavy Equipment

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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 <sup>(*1)</sup> (describe below)                          | \$ _____<br>(if applicable) | \$ _____                     |
| (d) Rigging when done as a separate operation from any of the above operations.      | \$ _____<br>(mandatory)     | \$ _____                     |
| (e) Millwright work, include installation, and repair of machinery and/or equipment. | \$ _____<br>(mandatory)     | \$ _____                     |
| (f) Sales of equipment <sup>(*2)</sup> (describe below)                              | \$ _____ (N/A)              | \$ _____                     |
| (g) Heavy Hauling  | \$ _____                    | \$ _____                     |
| (h) Any other operations <sup>(*3)</sup> (describe below)                            | \$ _____<br>(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 |

**SRS Crane/Heavy Equipment Application**

Applicant: \_\_\_\_\_

Date \_\_\_\_\_

**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 <sup>st</sup> Prior Year |         |      |          |          |                 |
| 2 <sup>nd</sup> Prior Year |         |      |          |          |                 |
| 3 <sup>rd</sup> Prior Year |         |      |          |          |                 |

Expiring Premium: \_\_\_\_\_

Inland Marine/Equipment

| Policy Period              | #Claims | Paid | Reserved | Incurred | Evaluation Date |
|----------------------------|---------|------|----------|----------|-----------------|
| Current Year               |         |      |          |          |                 |
| 1 <sup>st</sup> Prior Year |         |      |          |          |                 |
| 2 <sup>nd</sup> Prior Year |         |      |          |          |                 |
| 3 <sup>rd</sup> Prior Year |         |      |          |          |                 |

Expiring Premium: \_\_\_\_\_

Umbrella

| Policy Period              | #Claims | Paid | Reserved | Incurred | Evaluation Date |
|----------------------------|---------|------|----------|----------|-----------------|
| Current Year               |         |      |          |          |                 |
| 1 <sup>st</sup> Prior Year |         |      |          |          |                 |
| 2 <sup>nd</sup> Prior Year |         |      |          |          |                 |
| 3 <sup>rd</sup> Prior Year |         |      |          |          |                 |

Expiring Premium: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Retail Producer Company**

\_\_\_\_\_  
**Branch Office (if applicable)**

\_\_\_\_\_  
**Producer Signature**

\_\_\_\_\_  
**Date**