



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

## CRANE AND RIGGERS – SUPPLEMENTAL APPLICATION

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

### I. GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:		New Venture?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Renewal?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy Number:	
Current Effective Date:		Current Expiry Date:	
Requested Effective Date:		Requested Expiry Date:	
Website:			

2)

Current Carrier Information:

Carrier:			
Limit of Insurance:			
Effective Date:		Expiry Date:	
Deductible:			
Premium:			
Offering renewal?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

*Please attach copies of the following:*

- a) *Currently valued five-year loss runs, including complete claim details for all losses*
- b) *Applicant's description of operations, brochure, or marketing materials if a website is not available*
- c) *Copies of any OSHA violation reports and details about subsequent procedural remediation*
- d) *Copies of all training manuals and employee handbooks*

3)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4)

What are your operations? Check all that apply and provide a revenue percentage for each applicable:

- |  |  |
|--|--|
| <input type="checkbox"/> Crane Rental – With Operator _____ %                                    | <input type="checkbox"/> Crane Rental – Without Operator _____ %   |
| <input type="checkbox"/> Rigging – Not Part of Crane Ops _____ %                                 | <input type="checkbox"/> Millwright/Machinery Installation _____ % |
| <input type="checkbox"/> Equipment Sales – New _____ %   | <input type="checkbox"/> Equipment Sales – Used _____ %            |
| <input type="checkbox"/> Hoist Rental – With Operator _____ %                                    | <input type="checkbox"/> Hoist Rental – Without Operator _____ %   |
| <input type="checkbox"/> Equipment Rental other than Cranes or Hoists – With Operator _____ %    |  |
| <input type="checkbox"/> Equipment Rental other than Cranes or Hoists – Without Operator _____ % |  |
| <input type="checkbox"/> Steel Erection _____ %  | <input type="checkbox"/> Crane Inspection Services _____ %         |
| <input type="checkbox"/> Other: _____ %  | <input type="checkbox"/> Other: _____ %                            |

5) Are you a(n):  Corporation  Individual  Partnership  Municipality  For Profit  
 Joint Venture  Other: \_\_\_\_\_

6) How long have you been in operation under this business name or any others (please provide any prior entities or additional entities/DBAs to be covered)? \_\_\_\_\_  
 \_\_\_\_\_

7) Please complete the following table for your receipts and payroll:

Operations	Payroll Projected Year	Gross Receipt Projected Year	Payroll Last 12 Months	Gross Receipt Last 12 Months
Crane Rental – With Operator				
Crane Rental – Without Operator				
Rigging – Not Part of Crane Ops				
Millwright/Machinery Installation				
Equipment Sales – New				
Equipment Sales – Used				
Hoist Rental – With Operator				
Hoist Rental – Without Operator				
Equipment Rental other than Cranes or Hoists – With Operator				
Equipment Rental other than Cranes or Hoists – Without Operator				
Steel Erection				
Other: _____				
Other: _____				
TOTAL:				

8) What industries do you have operations in? Check all that apply and provide a percentage for each applicable:

- |  |   |
|--|---|
| <input type="checkbox"/> Utilities _____ %           | <input type="checkbox"/> Bridges _____ %        |
| <input type="checkbox"/> Marine _____ %              | <input type="checkbox"/> Construction _____ %   |
| <input type="checkbox"/> Stevedoring _____ %         | <input type="checkbox"/> Steel Erection _____ % |
| <input type="checkbox"/> Oilfield/Refineries _____ % | <input type="checkbox"/> Solar Panels _____ %   |
| <input type="checkbox"/> Industrial Plants _____ %   | <input type="checkbox"/> Wind Farms _____ %     |
| <input type="checkbox"/> Other: _____ %              | <input type="checkbox"/> Other: _____ %         |

- 9) What is the average on-hook exposure? \_\_\_\_\_
- 10) What is the maximum on-hook exposure? \_\_\_\_\_
- 11) What is the typical lift weight? \_\_\_\_\_
- 12) What is the maximum lift height you will perform? \_\_\_\_\_
- 13) On average, how many jobs do you have annually? \_\_\_\_\_
- a. What is the typical job duration? \_\_\_\_\_
- b. How many jobs are currently in progress? \_\_\_\_\_
- c. Do you have any jobs outside of the USA? Yes  No
- d. If yes to c., where? \_\_\_\_\_

14) Please complete the following regarding your five largest jobs in the last five years, excluding any currently ongoing projects:

Client	Dates of Job (MM/YY)	Brief Description

15) Please complete the following regarding your five largest jobs currently underway or planned to begin within the next twelve months:

Client	Dates of Job (MM/YY)	Brief Description

- 16) Do you have any work offshore? Yes  No
- a. If yes, is this the majority of your operations? Yes  No
- b. If yes, please clarify. Attach details if necessary: \_\_\_\_\_

- 17) Do you have any work that is partially or fully submerged other than offshore work, including any work in wetlands, swamps or marshes? Yes  No
- a. If yes, please clarify. Attach details if necessary: \_\_\_\_\_

- 18) Do you perform any bridge, dam, or overpass work? Yes  No
- a. If yes, please clarify. Attach details if necessary: \_\_\_\_\_

- 19) Do you perform any blasting, demolition, mining, or wrecking operations? Yes  No
- a. If yes and you are blasting using explosives, do you store blasting agents? Yes  No
- b. If yes to a., are blasting agents stored in compliance with all applicable federal and state regulations with access limited to licensed or approved persons only? Yes  No

c. Please attach details about these jobs.

20) Do you utilize subcontractors for any part of your operations? Yes  No

a. If yes, for what? \_\_\_\_\_

21) For bare rentals, do you have a written rental contract, lease agreement, or loan agreement in place before releasing any equipment to a lessee/borrower? If no, please attach an explanation. Yes  No

a. Are lessees required to insure the equipment against loss or damage for the insured value of the equipment for the entire duration of the rental? If no, please attach an explanation. Yes  No

b. Do all contracts or agreements contain a hold harmless clause in your favor? Yes  No

c. Do you collect certificates of insurance from lessees? Yes  No

d. Do you allow subleasing of equipment? Yes  No

e. Does the contracts or agreements stipulate required minimum security measures when equipment is not in use and appropriate lock-out procedures? If no, please attach an explanation. Yes  No

22) If you are engaging in crane inspection services, are you licensed in your state for these operations? Yes  No

**II. OPERATOR INFORMATION** *(complete only if you have operator exposures)*

23) Are all crane operators Union? Yes  No

a. Are all Union operators International Union of Operating Engineers (IUOE)? Yes  No

b. If no to a., to what Union do they belong? \_\_\_\_\_

c. How often do you refer to the Union for new or temporary hires? \_\_\_\_\_

d. If no to 23), please attach details about your screening and hiring process.

24) Are all crane operators required to have completed and passed an operational/field test using the type of crane being used on a job before being assigned to that job? Yes  No

25) Are all new hires required to pass a written exam testing the use of hand signals, charting of loads and radius of use before they are allowed to operate equipment? Yes  No

26) How frequently is safety and procedural training done after initial hire training? \_\_\_\_\_

a. Are your safety rules clearly written and available in each operators' respective most proficient language(s)? Yes  No

b. Do training intervals change after the first full year of employment? Yes  No

c. If yes to b., please clarify: \_\_\_\_\_

d. Do you document when each employee has training? Yes  No

27) Who is responsible for determining load weights? \_\_\_\_\_

a. If this information is not included in your training manual or employee handbook, what is your procedure for determining load weight? \_\_\_\_\_

\_\_\_\_\_

28) Do you pre-engineer lifts? Yes  No

a. If no, who engineers your lifts? \_\_\_\_\_

29) Do you do any jobs which require tandem/dual crane lifts? Yes  No

a. If yes, please attach details about these jobs and the coordination controls used.

b. Do you have dedicated operator teams who work together on lifts? Yes  No

- 30) Do you perform pre-employment drug and alcohol screening? Yes  No
- a. Do you perform post-accident drug and alcohol screening? Yes  No
- b. Do you require annual physical exams? Yes  No
- c. If no to any of the above, please attach an explanation.

### III. EQUIPMENT INFORMATION

- 31) Is all equipment inspected and serviced by persons licensed to do so? Yes  No
- a. If no, please attach an explanation.
- b. Is inspection and maintenance performed by your employees? Yes  No
- c. Are written records of inspections and maintenance logs kept for no less than five years? Yes  No
- d. How frequently does equipment undergo routine maintenance? \_\_\_\_\_
- 32) Are all cranes certified? Yes  No
- a. If no, please attach an explanation.
- b. How frequently are they recertified? \_\_\_\_\_
- c. Are load charts posted in all crane cabs? Yes  No
- d. Is the crane level before each lift is made? Yes  No
- 33) Is your equipment/vehicle storage site:
- a. Fenced? Yes  No
- b. Lighted? Yes  No
- c. Locked? Yes  No
- d. Security guards or night watchmen? Yes  No
- d. Other security: \_\_\_\_\_ Yes  No
- 34) Are firm foundations such as steel pads under outriggers for each lift? Yes  No
- 35) Are operators required to confirm that all safety devices are operational prior to each lift? Yes  No
- 36) Is all equipment equipped with a charged, operational fire extinguisher? Yes  No
- a. If no, does all equipment have built-in automatic fire suppression systems? Yes  No
- b. Do you have written cool-down procedures that must be followed before equipment is left for the evening? Yes  No
- 37) Do you use a written accident reporting form? Yes  No
- 38) Are your accident reporting procedures compliant with all applicable NHTSA, state DOT, OSHA, EPA or DOE incident reporting requirements? Yes  No

### IV. CLAIMS HISTORY

- 39) Do you know of any incidents not currently reported to insurance that may result in a claim against you? If yes, please attach an explanation. Yes  No
- 40) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company? If yes, please attach an explanation. Yes  No

41) Claim Details (duplicate this section for all claims):

- a. What was the date of the incident? \_\_\_\_\_
- b. What line(s) of your coverage(s) was this claim reported on? Check all that apply:
 

<input type="checkbox"/> Crane and Rigger Liability	<input type="checkbox"/> Crane and Rigger Property	<input type="checkbox"/> Commercial Auto - Liability
<input type="checkbox"/> Mechanical Breakdown	<input type="checkbox"/> Other Commercial Property	<input type="checkbox"/> Commercial Auto – Physical Damage
<input type="checkbox"/> Commercial General Liability	<input type="checkbox"/> Pollution Legal Liability	<input type="checkbox"/> Other: _____
- c. Please describe the circumstances leading up to the claim, the factual details of the incident, the value of materials lost or damage to structure, and steps taken following the incident to mitigate loss and evaluate the claim. Please note “attached” and include an additional sheet if the details do not fit below:
   
\_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_
- d. If this claim is closed, did it require trial or arbitration to settle? Yes  No
- e. If this claim is open, do you anticipate it going to trial or arbitration? Yes  No 
  
+ If yes, when? \_\_\_\_\_
- f. Were any of your procedures or rules changed after this incident? Yes  No
- g. Was the structure or materials a total loss/full insured value claimed? Yes  No 
  
+ If no, what percentage was lost? \_\_\_\_\_ %
- h. Total claimed: \$ \_\_\_\_\_

**FRAUD WARNING**

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** 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.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** 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.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** 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.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she 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.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** 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.

**NOTICE TO VIRGINIA APPLICANTS:** 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.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

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

FEIN #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_