

*** Sub Contractor Operations & Description:**

Certificate of Insurance Required:		Yes	No
Required GL Limits:	Primary:		
Excess/Umbrella:			
Per Project Aggregate Endorsement required:		Yes	No

(*) New Equipment Sales:

- a) Is the insured included as a Vendor and/or Additional Insured on the Mfg's policy?
If (yes) please provide a current Certificate of Insurance from the Mfg that shows the inclusion of the Insured as a Vendor and/or Additional Insured

Yes	No
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- b) Does the Insured offer any Warranty(s) other than the Mfg's Warranty Representation?

Yes	No
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If (yes) describe in full any Warranty Representation made by the Insured:

(**) Used Equipment Sales:

- a) Does the Insured provide any Warranty Representation for any Used Equipment?
If (yes) please provide a complete copy of the Insured's Warranty Representation(s).

Yes	No
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11) Advise if one or a few industries/customers provide a large % of your work (i.e. Utilities, Marine, Stevedoring, Oilfield, Bridges, Commercial Construction, Industrial Plants, Governmental Entities, etc)

12)

- a) Do you rent equipment other than cranes?

Yes	No
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If (yes), please describe equipment
- b) Copy of rental agreement included?

Yes	No	N/A
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If (yes), please attach copy.
- c) What are the revenues **with** operator (includes installation, repair & removal) \$
- d) What are the revenues **without** operator (includes installation, repair & removal) \$
- e) What are your expected expenditures in rented/leased equipment **from others?** \$

13) Operators & Oilers are Union Non-Union

Number of Operators Oilers All Other Employees

Are crane operators NCCCO certified: Yes No
 If (yes), please advise how many:

Operating in full compliance with State/s operational and/or licensing requirements or describe the reasons for the non-compliance.

Yes No

14) Please advise if you have the following:

- a) a) Loss Control & Maintenance Yes No
- Copy of maintenance record specimen (attached)** Yes No
- Copy of maintenance record (attached) for all cranes +20 yrs old** Yes No
- Are equipment inspections in compliance with Local, State & Federal Regulations?** Yes No

- l) Are professional engineers available to determine adequacy of equipment for lifts?
 Yes No

If employees, please describe herein:

- m) Any losses over \$5,000 in the past 5 years?
 Yes No
- n) How long are maintenance & inspection records kept?

16) Please provide full descriptions of the **five (5) largest jobs** performed by you **within the last 3 years**. Please include who you worked for, description of job, **heights over 5 stories** & the applicable receipts generated for the job.

- a)
- b)
- c)
- d)
- e)

17) Please provide full descriptions of the **five (5) largest jobs**, PENDING jobs and include who you will be working for, description of your job, **heights over 5 stories** & the estimated receipts generated for the job.

- a)
- b)
- c)
- d)
- e)

18) Full five (5) Year Payroll/Receipts History (*)	<u>Payroll</u>	<u>Receipts</u>
	2008	
	2007	
	2006	
	2005	
	2004	

(* Please note in applicable year of any acquisition or sell off by the Insured and describe details hereunder)

19) Schedule of Drivers & Operators (use additional page if necessary)

Name	DOB	License #	Yrs Experience
Name	DOB	License #	Yrs Experience
Name	DOB	License #	Yrs Experience
Name	DOB	License #	Yrs Experience
Name	DOB	License #	Yrs Experience

20) Current/Prior Carrier Information

Insurer	Policy Term	Policy #	Limits
Premium	SIR/Deductible	Riggers	
		Yes	No
Insurer	Policy Term	Policy #	Limits
Premium	SIR/Deductible	Riggers	
		Yes	No
Insurer	Policy Term	Policy #	Limits
Premium	SIR/Deductible	Riggers	
		Yes	No
Insurer	Policy Term	Policy #	Limits
Premium	SIR/Deductible	Riggers	
		Yes	No

IN ORDER TO PROVIDE YOU WITH TIMELY UNDERWRITING OF THE SUBMISSION, PLEASE INCLUDE THE FOLLOWING WITH YOUR SUBMISSION:

- a) GL Acord application – signed, dated & fully completed;
- b) Vela Heavy Commercial Construction Contractors Supplemental Application – signed, dated & fully completed;
- c) List of Equipment including year, make, model, serial numbers & values;
- d) Specimen copy of equipment maintenance/inspection report;
- e) Copy of recent crane certification for equipment >+25 years of age;
- f) Copy of rental contracts or work agreements including bare rental contracts;
- g) Copy of specimen job ticket/invoice;
- h) Currently valued audited financials;
- i) List of all operators including license #, DOB & years of experience;
- j) Five (5) years currently valued (within 60 days) hard copy Carrier loss runs with specific details for all losses at \$10,000 and greater. (If Riggers coverage is placed with Inland Marine Coverage & not the GL, please provide associated hard copy IM Loss Experience with submission)
- k) Copy of Safety Program

Signed Proposal Form: It is understood & agreed that the signed proposal form by the Assured, forms part of this policy & that underwriters hereon shall rely upon the information to determine the acceptability, rates & coverage.

It is further understood & agreed that misrepresentation or omission may constitute grounds for immediate cancellation of coverage & potential denial of claims if any.

It is further understood & agreed that the applicant and/or affiliated company is under a continuing obligation, immediately to notify his/her underwriters through the insurance agent/broker of any material alteration to the information given.

All other terms & conditions remain unchanged.

Date: _____ *Insured's Name & Title:* _____

Applicant's Signature: _____

Producer/Agency Name: _____

Phone # _____ *Fax #* _____