



*Please visit www.allrisks.com/submit-a-risk or contact your current All Risks, Ltd. producer to submit applications.

Crane Operator & Rental Supplemental Application

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

Applicant Information		2. Web address
1. Name (first named insured and other named insureds) *		
* If insured has ever worked under a different name(s), list all here:		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	10. Describe management experience in this business:	
A. Crane rental with operators ____%	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 _____	
B. Crane rental without operators ____%	12. Describe customer base:	
C. Crane jobs you perform ____%	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. _____	
Crane Operators		
A. Operators _____	D. Operators and oilers:	E. Years experience of least experienced operator _____
B. CCO certified operators _____	• Union <input type="checkbox"/> Yes	Number: _____
C. All other employees _____	• Non-union <input type="checkbox"/> Yes	

14. Indicate the percent of work insured performs based on total operations of any of the following:					
Building materials	%	Equipment	%	Spans	%
Concrete	%	Poles	%	Steel beams	%
Demolition work	%	Railroad	%	Trees	%
HVAC units	%	Signs	%	Miscellaneous	%
15. If insured performs any work for the following, check all that apply:					
Airports	<input type="checkbox"/>	Department of Homeland Security	<input type="checkbox"/>	Military installations	<input type="checkbox"/>
DOT (Department of Transportation)	<input type="checkbox"/>	Federal Government (other)	<input type="checkbox"/>	Municipalities	<input type="checkbox"/>
Department of Energy	<input type="checkbox"/>			Public Utilities	<input type="checkbox"/>
				Railroads	<input type="checkbox"/>
If any are checked above, describe work:					
16. Do you have a written contract with each and every customer? <i>If yes, attach sample.</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No

Job Management/Safety	
17. Who is responsible for safety within the company? (name and title):	
18. Loss control program:	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. Do you have a formal loss control program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Is it in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Which of the following elements does it include:	
(1) Safety rules and regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Safety meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How frequently? _____	
Attendance mandatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who conducts meeting? _____	
(3) Site safety inspection list?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Fire prevention/protection training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Hazardous material handling training (MSDS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) HAZCOM (right to know)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(7) Hazardous work permits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(8) Pre-project/task planning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(9) Substance abuse prevention?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(10) Emergency procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(11) Accident investigations/reporting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(12) Training documentation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(13) Record keeping?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(14) Audits/inspections?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Are all accidents investigated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Is a safety review of the job performed during the bidding process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Is there a screening or reference process for new operators?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Is there a minimum age for operators?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes what is it? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Do you maintain MVR records on all operators?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Is an orientation program offered new/transferred employees?	
J. When is the orientation program provided to employees?	
<input type="checkbox"/> First day <input type="checkbox"/> First week <input type="checkbox"/> When time allows	
K. Does the insured mandate use of personal protective equipment (PPE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
L. Does insured provide training in PPE usage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
M. Do you use man baskets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often? _____	
N. If an outside source operates/erects/dismantles crane, are certificates of insurance obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No

O. Are you an additional insured on the outside source's general liability policy? Yes No

P. Are certificates of insurance obtained from lessees of bare rentals? Yes No

Q. Are you an additional insured on the lessees general liability policy? Yes No

R. Crane safety:

(1) Is there a scheduled maintenance program for cranes? Yes No

Describe: (daily visual, weekly & monthly checks, etc.) _____

(2) Is there a written crane inspection report form? If yes, attach copy of latest report. Yes No

(3) Are these inspection/service records maintained and available for review? Yes No

(4) Are crane operators certified? If yes, attach copy of certification(s). Yes No

(5) Who erects/dismantles the crane? Employees? Other (please explain): _____

(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? Yes No

(8) Is a written agreement required from renters/lessees of the equipment? Yes No

(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? Yes No

(12) Are load charts on the crane maintained and available for review? Yes No

S. Has insured been inspected by OSHA in past three (3) years? Yes No

T. Were these inspections in response to complaints? Yes No

U. Has insured been cited as a result of these inspections? Yes No

If yes, describe the citation: _____

19. Describe how the job site, equipment and tools are secured at end of workday: _____

20. Are all jobs inspected by management at completion before leaving the job site? Yes No

21. Detail any other special exposures _____

Cranes					
Type & make Description	Year	(000) Current Value	(000) Replacement cost	Maximum reach & lift capacity	Serial number

Other equipment				
Type & make Description	Year	(000) Current Value	(000) Replacement cost	Serial number

Crane operators driving information					
Name	Birth date	Driver's license #	State of license	Heaviest crane driver operates	Years experience operating cranes

Payroll & Receipts

	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			%	%	%
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					

Forecasted

	Payroll	Receipts	Percent – Receipts		
			Residential	Comm'l	Industrial
Next 12 months total			%	%	%

Claims over \$2,000

Date of loss	Incurred claim amount paid	Description

22. 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: A.C.A. § 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: C.R.S. 10-1-128

"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."

DISTRICT OF COLUMBIA: D.C. CODE § 22-3225.09

"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."

FLORIDA: FLA. 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."

KENTUCKY: KRS § 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."

LOUISIANA: LA. R.S. 40:1424

"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."

MAINE: 24-A M.R.S. § 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 A DENIAL OF INSURANCE BENEFITS."

NEW JERSEY: N.J. 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."

NEW MEXICO: N.M. STAT. ANN. § 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."

OHIO: ORC ANN. 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."

OKLAHOMA: 36 OKL. ST. § 3613.1

"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."

OREGON: BULLETIN 2010-3

"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 MAY BE GUILTY OF INSURANCE FRAUD."

PENNSYLVANIA: 18 PA.C.S. § 4117(K)(1)

"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."

RHODE ISLAND R.I. GEN. LAWS § 27-54-8 – DISCLOSURE OF ARSON CONVICTION. (SEE ALSO "OTHER STATES" NOTICE THAT APPLIES.) "THE FAILURE TO DISCLOSE A CONVICTION FOR ARSON MAY SUBJECT THE APPLICANT TO CRIMINAL PENALTIES."

TENNESSEE- TENN. CODE ANN. § 56-53-111(B)(1)(A);

VIRGINIA - VA. CODE ANN. § 52-40;

WASHINGTON- REV. CODE WASH. (ARCW) § 48.135.080.

"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."

OTHER STATES INCLUDING BUT NOT LIMITED TO:

MARYLAND - MD. INSURANCE CODE ANN. § 27-805; **RHODE ISLAND** - R.I. GEN. LAWS § 27-29-13.3; **WEST VIRGINIA** - W. VA. CODE § 33-41-3.

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 CLS INS § 403

"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