Crane & Rigging Supplemental Application

CO/ACTION® SPECIALTY INSURANCE GROUP

REQUIRED DOCUMENTS

Please include ALL of the following with this application:

- Complete ACORD forms for each line of coverage requested
- Complete list of crane operators AND drivers (name, date of birth, driver's license number and state, crane operator Y/N) — required if requesting over-the-road coverage on GL or AL
- Copy of rental purchase order and/or rental contract
- 5 years of currently valued loss runs
- Complete mobile equipment fleet schedule (if requesting over-the-road coverage)

SECTION I: General Information

Business/Entity Name:	Phone Number:
Type of Entity:	Email Address:
Business Inception Date:	Website:
Physical Address:	

1. Complete Description of Operations:

2. List All States Where Applicant Has Operations (include % of work in each state):

3. 5-Year Revenue History:

Current Year	1 Year Prior	2 Years Prior	3 Years Prior	4 Years Prior	5 Years Prior

4. Total Gross Revenue Breakdown:

Category	Total Gross Receipts ($)
Crane Rental with Operator	
Crane Rental without Operator	
Other Equipment Rental with Operator	
Other Equipment Rental without Operator	
Rigging (if done separate from crane operations)	
Millwright work including machinery installation and/or repair	
Transportation / Hauling	
Steel Erection	
Sales of Equipment	
Repair of Equipment	
Miscellaneous (describe below)	
TOTAL	

a. Miscellaneous — Description:

5. Describe Types of Products / Equipment Lifted:

6. A Describe Industries Served:

7. List Three Largest Clients:

8. Estimated Number of Jobs Annually: _____

9. Do you provide storage for items belonging to others? ☐Yes ☐No

- **a.** Are all stored items lifted by the insured? ☐Yes ☐No
- **b.** Average Duration of Storage: _____

10. Do you perform tandem lifts? ☐Yes ☐No

- **a.** If yes, please describe: _____

11. Do you operate tower cranes? ☐Yes ☐No

- **a.** If yes, please describe: _____

12. Any blasting, demolition, or wrecking operations? ☐Yes ☐No

13. Are there any subcontracted operations? ☐Yes ☐No

- **a.** If yes, please describe: _____
- **b.** Are certificates with additional insured status obtained from subcontractors? ☐Yes ☐No
- **c.** GL limit required of subcontractors: _____

14. Are certificates of insurance with additional insured status required from lessees on bare rentals? ☐Yes ☐No

- **a.** GL limit required from lessees on bare rental: _____

SECTION II: Equipment Fleet

15. Crane Count by Type:

Crane Type	Count
All Terrain Cranes	
Truck Cranes	
Crawler Cranes	
Rough Terrain Cranes	
Boom Trucks	
Self-Erecting Cranes	
Tower Cranes	
Other (specify below)	

a. Other Equipment — Description:

16. Number of Cranes Licensed for Over-the-Road Usage: _____

17. Are 100% of crane operators required to be certified prior to operating cranes under your name? ☐Yes ☐No

18. If any crane operators are not crane-certified, list their names:

19. Maximum Boom Length: _____

20. Maximum Tonnage: _____

21. Average On-Hook Value: _____

22. Maximum On-Hook Value: _____

23. Average Height of Lifts: _____

24. Maximum Height of Lifts: _____

25. Average Weight of Lifts: _____

26. Maximum Weight of Lifts: _____

27. Do you work near or on any bodies of water? ☐Yes ☐No

- **a.** If yes, please describe: _____

SECTION III: Safety

28. Do you have a formal written loss control or safety program? ☐ Yes ☐ No

29. Is there a written procedure for incident reporting? ☐ Yes ☐ No

30. Is there a formal maintenance plan in place for cranes? ☐ Yes ☐ No

31. Frequency of Safety Meetings: _____

32. Head of Safety Program — Name: _____

33. Years with Company: _____

34. Describe any OSHA violations in the past 5 years and corrective/mitigation actions taken:

SECTION IV: Auto (Complete Only if Requesting Primary or Excess Auto Coverage)

35. DOT Number: _____

36. DOT PIN Number: _____

37. Radius of Operations:

List the percentage of trips for each radius range (must total 100%):

Trip Radius	% of Trips
0–50 miles	
51–200 miles	
Over 200 miles	

38. Average Distance Per Trip: _____

39. Maximum Distance for Any One Trip: _____

40. Average Annual Mileage Per Unit: _____

41. Combined Annual Mileage (All Units): _____

42. Do you lease, hire, rent, or borrow any vehicles from others? ☐ Yes ☐ No

43. How often are vehicles leased, hired, rented, or borrowed from others? ☐ Daily ☐ Weekly ☐ Monthly

44. Describe types of vehicles leased, hired, rented, or borrowed:

45. Maximum Trailer Length: _____

46. Power Unit Count — Past 5 Years

Expiring Term	1 Year Prior	2 Years Prior	3 Years Prior	4 Years Prior

47. % of Trips Requiring an Oversized Banner: _____

48. % of Trips Requiring Pilot / Escort Cars: _____

a. Escort / Pilot Car Provider Name: _____

49. Fleet Safety Program

Select all that apply to your fleet safety program:

☐ Electronic logging devices	☐ Electronic on-board readers
☐ Accident/event recorders	☐ Anti-rollover devices
☐ Speed governors	☐ Telematics / tracking systems
☐ Internal dash cameras	☐ External dash cameras

SECTION V: Driver Details

50. Total Number of Drivers: _____

51. Number of Drivers Hired in Last Year: _____

52. Number of Drivers Terminated in Last Year: _____

53. Does the schedule provided contain all drivers? ☐ Yes ☐ No

54. Do you have any drivers currently in a 'not allowed to drive' status? ☐ Yes ☐ No

a. If yes, please describe: _____

55. Do you have any drivers under the age of 23 or over 65? ☐ Yes ☐ No

a. If yes, please describe: _____

56. What is the criteria for hiring drivers?

a. Minimum Age for Drivers: _____

b. Minimum Years of Driving Experience: _____

57. Does driver selectin process include:

- **a.** Written application ☐Yes ☐No
- **b.** MVR check ☐Yes ☐No
- **c.** Reference checks ☐Yes ☐No
- **d.** Road test ☐Yes ☐No
- **e.** Written test ☐Yes ☐No
- **f.** Drug test ☐Yes ☐No

58. Do you have a formal written driving policy with MVR standards? ☐Yes ☐No

- **a.** How often are MVR reports checked: _____
- **b.** Is the driving policy communicated in writing to all employees? ☐Yes ☐No
- **c.** Is a signed acknowledgement of the driving policy kept on file? ☐Yes ☐No
- **d.** Does the driving policy include a cell phone use policy? ☐Yes ☐No

59. Do driver standards include the following?

- **a.** No DUI / DWI in the past three years? ☐Yes ☐No
- **b.** No major violations within the past three years? ☐Yes ☐No
- **c.** No drivers with 2 or more at-fault accidents in the past three years? ☐Yes ☐No
- **d.** No drivers with current suspensions or revocations? ☐Yes ☐No

Applicant Certification & Signature

I, the undersigned, declare that to the best of my knowledge and belief, the statements set forth herein are true. I understand that any intentional misrepresentation may be grounds for denial of coverage or cancellation of any policy issued in reliance upon this application.

Applicant/Authorized Signature: _____

Print Name: _____

Signature: _____

Title: _____

Date: _____

Please return the completed application with all required documents to your underwriter.

STATE SPECIFIC FRAUD STATEMENTS

APPLICABLE IN ALABAMA
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 restitution, fines, or confinement in prison, or any combination thereof.

APPLICABLE IN ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA
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.

APPLICABLE IN CALIFORNIA
For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO
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.

APPLICABLE IN THE DISTRICT OF COLUMBIA
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.

APPLICABLE IN FLORIDA
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.

APPLICABLE IN KANSAS
Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN KENTUCKY AND PENNSYLVANIA
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.

APPLICABLE IN MAINE
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.

APPLICABLE IN MARYLAND
Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN NEW JERSEY
Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN NEW MEXICO
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.

APPLICABLE IN OHIO
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.

APPLICABLE IN OKLAHOMA
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.

APPLICABLE IN OREGON
Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON
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.

APPLICABLE IN VERMONT
Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

ADDITIONAL STATE SPECIFIC LANGUAGE OR REQUIREMENTS FOR APPLICANTS RESIDING IN MAINE AND NEW HAMPSHIRE.

Applicable to Maine applicants only
THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY CURRENT POLICY PERIOD, WHICHEVER IS LATER. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. THIS APPLICATION MUST BE SIGNED BY THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER OR THE GENERAL COUNSEL OF THE NAMED APPLICANT OR THEIR FUNCTIONAL EQUIVALENT.

Applicable to New Hampshire applicants only
THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE TO THE BEST OF HER/HIS KNOWLEDGE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. THE “EFFECTIVE DATE” IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE CURRENT POLICY PERIOD, WHICHEVER IS LATER. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. THIS APPLICATION MUST BE SIGNED BY THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER OR THE GENERAL COUNSEL OF THE NAMED APPLICANT OR THEIR FUNCTIONAL EQUIVALENT.