



Ascinsure Specialty Risk
444 Liberty Avenue, Suite 400
Pittsburgh, PA 15222
Phone: (877) 372-0517 Ext. 5506
Fax: 1-866-479-1345
www.ascinsure.com

CRANE OPERATORS & RENTAL UNDERWRITING APPLICATION

I. BACKGROUND INFORMATION:

Name Insured(s) (Please list all applicable named insured to be covered to include buildings owned by principals, partnerships, etc. if insurance required)

Blank lines for entering Name Insured(s) information.

Contact Name, Title, Phone Number, Fax Number, Mailing Address

Email Address

Physical Locations (Please list all applicable locations including storage yards and vacant land)

1) County, 2) County, 3) County

Policy Period From: To

Current Carrier/Agent: Length of Relationship:

Description of Operation(s) by Named Insured Above:

Business Inception Date: Federal Tax ID Number:

Entity Type:

Any Other Businesses we are not insuring?

Name: Type of Operation:

If Yes, is this business covered separately for General Liability and all other insurance coverages?

Do you require any Federal, State, or Local filings? (MCS-90, Form E, BMC 91X, Motor Carrier filings)

If yes, provide your MCC # DOT #

## II GENERAL UNDERWRITING INFORMATION:

(Please forward a copy of written safety statement outlining corporate safety policy)

1) What is your geographic area of operation? \_\_\_\_\_

2) Please provide estimated breakdown of gross receipts and payroll for the following categories:

	PAYROLL	RECEIPTS
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. Repair		
J. Sales		
Miscellaneous (describe):		
<b>TOTAL</b>		

3) Types of Work Performed:

Signs \_\_\_% HVAC Units \_\_\_% Building Materials \_\_\_% Trusses \_\_\_% Spa/Hot Tubs \_\_\_%  
 Road/Bridge \_\_\_% Railroad \_\_\_% Demolition Work \_\_\_% Steel Beams \_\_\_% Cargo \_\_\_%  
 Marina/Piers \_\_\_% Equipment/Machinery \_\_\_% Power Lines/Utilities \_\_\_% Concrete \_\_\_%  
 Aircraft \_\_\_% Oil & Gas \_\_\_% Other \_\_\_% Describe: \_\_\_\_\_

4) Operators and Oilers are:

Number of Operators: \_\_\_\_\_ # CCO Certified Operators: \_\_\_\_\_ All other employees: \_\_\_\_\_

5) Estimated # of Jobs Annually \_\_\_\_\_ Average Cost Per Job \_\_\_\_\_ Estimated Length of time \_\_\_\_\_

Maximum Number of Jobs Concurrently \_\_\_\_\_

6) Crane Loss Control and Maintenance:

**YES/NO**

- A) Do you have a formal loss control or safety program:
- B) Is one employee responsible for safety program?   
If yes, name: \_\_\_\_\_
- C) Do you have regular safety meetings with employees?
- D) Do you have a formalized background check procedures for new & current employees/operators?
- E) What is your minimum age for operators?
- F) Do you have a scheduled maintenance program?   
If yes, please describe: \_\_\_\_\_
- G) Do you maintain records?
- H) Is a written form for crane inspections used?   
Please attach a copy of most recent inspection(s) or checklist(s)
- I) Are operators certified?
- J) Are cranes certified?   
If so, how often and by whom? \_\_\_\_\_
- K) Do you utilize man/personnel baskets?   
If so, how often? \_\_\_\_\_
- L) Are certificates of insurance required from lessees on bare rentals?
- M) Do you require additional insured status by lessees on bare rentals?
- N) Do you require MVRs on all drivers?
- O) Do you require pre-employment drug testing?
- P) Do you have an ongoing formalized substance testing program?
- Q) Do you perform Tandem Lifts?
- R) Describe any subcontracted work: \_\_\_\_\_  
Are Certificates obtained? \_\_\_\_\_ Total Cost of Subcontracted Work: \_\_\_\_\_
- S) Describe security procedures for crane and vehicle storage (i.e. lighting, fencing, gates, locks, etc.)  
\_\_\_\_\_
- T) Do you have storage tanks on premises?   
If yes, do you have an EPA approved spill prevention, control, and countermeasure plan in place?
- U) Do you have written procedures for incident reporting?
- V) Please describe any OSHA violations that you have received in the past five years, and any action taken as a result: \_\_\_\_\_

7) Please provide:

- A) Average "on hook" value \_\_\_\_\_ Maximum "on hook" value \_\_\_\_\_
- B) Average "Height of Lifts" \_\_\_\_\_ Maximum "Height of Lifts" \_\_\_\_\_
- C) Average Weight of Lifts \_\_\_\_\_ Maximum Weight of Lifts \_\_\_\_\_
- D) Do you transport and/or store items you lift? \_\_\_\_\_

8) List Past 3 jobs

Type of Work

Date of job


9) List Future 3 jobs

Type of Work

Date of job


Please list your **General Liability Insurance Company** for each of the past five (5) years including policy number (also give Gross Annual Revenue):

Year	Company	Policy #	Premium	Annual Revenue
			\$	
			\$	
			\$	
			\$	
			\$	

Please list your **Inland Marine Insurance Company** for each of the past five (5) years including policy number

Year	Company	Policy #	Premium
			\$
			\$
			\$
			\$
			\$

Please list your **Business Auto Insurance Company** for each of the past five (5) years including policy number

Year	Company	Policy #	Premium
			\$
			\$
			\$
			\$
			\$



**PLEASE INCLUDE WITH THIS APPLICATION:**

- Copy of table of contents page of your safety manual
- Copy of Contracts and/or Bare Rental Contract if Applicable.
- Copy of Crane Certifications and Most Current Inspections.
- Currently Valued Loss Runs for Five (5) Years.

**LOSS CONTROL ASSISTANCE: WOULD YOU LIKE ASSISTANCE ON DEVELOPING OR IMPROVING YOUR LOSS CONTROL EFFORTS, YOUR SAFETY PROGRAM, OR CONTRACTS/WORK AGREEMENTS? YES  NO**

<u>Claims over \$2,000</u>		
Date Of Loss	Incurred Claim Amount Paid	Description

**WORKERS COMPENSATION**

Expiration Date: \_\_\_\_\_

Insurer/Agent: \_\_\_\_\_

What is your current experience mod? \_\_\_\_\_

**CLASS CODE**

**CLASSIFICATIONS**

**ESTIMATED PAYROLL**

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

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

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

Individuals INCLUDED/EXCLUDED from Workers Compensation

Partners, Officers, Relatives to be included or excluded from Worker Compensation

Name	D.O.B.	Title	Ownership %	Duties	INC/EXC	Remuneration	Class Code

**PROPERTY**

Expiration Date \_\_\_\_\_

Insurer/Agent \_\_\_\_\_

Loc#	Bldg.	Bldg. Value	Contents	Computer	Sign	Fence	Business Interruption	Accounts Receivable

Please specify deductible: \_\_\_\_\_

**Business Auto**

Veh. #	Year	Make	Vin# (last five digits)	Garage Location	Weight	Cost	Comp. Deductible	Collision deductible

Please specify any rental vehicles with an \*

**Crane Operators & Rental Program - Supplemental Form for Additional Named Insureds and Locations**

**Name of Applicant:** \_\_\_\_\_

**Please complete the following information for each Named Insured to be listed on the policy(ies):**

Name	Interest (e.g. Building Owner, Business Name in a Specific State, etc)	FEIN	Name(s) of Company Owner(s) and Percentage of Ownership for Each

**Please complete the following information for each location to be listed on the policy(ies):**

Address	Description of Location (e.g. Office, Shop, etc.)	Are Company Vehicles Garaged at This Location?	Is Company Equipment Kept at This Location?



## Applicant's Signature

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES, PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ., CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): \_\_\_\_\_

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person knowingly (or willfully) presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD Only.

**Applicable in CO:** 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 FL and OK:** 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)\*. -Applies in FL Only.

**Applicable In KS:** 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 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 KY, NY, OH and PA:** 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. -Applies in NY Only.

**Applicable in ME, TN, VA and WA:** 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 and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** 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 OR:** 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 PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION, HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE: \_\_\_\_\_ PRODUCER'S NAME (please print): \_\_\_\_\_

STATE PRODUCER LICENSE NO. (required in Florida): \_\_\_\_\_ NATIONAL PRODUCER NUMBER: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_