



Crane Operators & Rental Program Underwriting Application

Ascinsure Specialty Risk
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Quoting General Liability, Automobile, Workers Compensation, Excess Liability, Property, Inland Marine and MORE **Availability may vary by state**

Select Box for Line(s) You Want Quoted

General Liability Automobile Workers Compensation Excess Liability Property Inland Marine Other _____

SECTION I: Background Information

Name of Applicant: _____

Contact Name: _____ Title: _____

Phone Number: _____ Fax Number: _____

Address: _____

Email Address: _____ Website _____

*Please see Acord 125 for additional named insureds & locations and/or complete the Named Insured Supplemental Application

Requested Effective Date: From: _____ To: _____

Current Carrier/Agent: _____ Length of Relationship: _____

Business Inception Date: _____ Federal Tax ID Number: _____

Do you currently own any other entities and/or operate any other business? Yes No *If Yes please complete the Named Insured Supplemental Application*

Do you require any Federal, State, or Local filings? (MCS-90, Form E, BMC 91X, Motor Carrier filings) Yes No

If 'Yes', provide your MCC #: _____ DOT #: _____

SECTION II: Automobile (please select "N/A" if no auto quote needed) N/A

Do you rent or short-term lease vehicles? Yes No

If 'Yes' How Many Vehicles are rented each year? _____ Annual Cost? _____

Do your employees take vehicles home at night? Yes No

If 'Yes' Which Vehicles? _____

Which Employees take vehicles? _____

Are Employee's family members allowed to use company vehicles?: Yes No

If 'Yes' when are they allowed to use them and provide copy of company standards for this practice:

SECTION II: General Underwriting Information

1. What is your geographic area of operation? _____
2. Please provide estimated breakdown of gross receipts and payroll for the following categories:

| | PAYROLL | RECEIPTS |
|--|---------|----------|
| Crane Rental with Operator | | |
| Millwright work including machinery installation and repair | | |
| Steel Erection | | |
| Rigging (if done as a complete and separate operation from any of the above) | | |
| Bare Crane Rental (without operator) | | |
| Transporting/Hauling | | |
| Rental of Equipment other than Cranes with Operator | | |
| Rental of Equipment other than Cranes without Operator | | |
| Repair of Equipment | | |
| Sales of Equipment | | |
| Miscellaneous (describe): | | |
| TOTAL | | |

3. Types of Work Performed:

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

4. Estimated number of Jobs Annually _____ Average Cost Per Job _____
 Estimated Length of time _____ Maximum Number of Jobs Concurrently _____

5. 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? Yes No

6. **Crane Loss Control and Maintenance:**

- a. Do you have a formal loss control or safety program? Yes No
- b. Employee responsible for the safety program: _____
- c. Do you have regular safety meetings with employees? Yes No
- d. Do you have a formalized background check procedure for new & current employees/operators? Yes No
- e. What is your minimum age for operators? _____
- f. Do you have a scheduled maintenance program? Yes No
If yes, please describe: _____
- a. Do you maintain records? Yes No
- g. Is a written form for crane inspections used?
(Please attach a copy of most recent inspection(s) or checklist(s)) Yes No
- h. Are operators certified? Yes No
- i. Are cranes certified? Yes No
If so, how often and by whom? _____
- j. Do you utilize man/personnel baskets? Yes No
If so, how often? _____
- k. Are certificates of insurance required from lessees on bare rentals? Yes No
a. Do you require additional insured status by lessees on bare rentals? Yes No
- l. Do you require MVRs on all drivers? Yes No
- m. Do you require pre-employment drug testing? Yes No
- n. Do you have an ongoing formalized substance testing program? Yes No
- o. Do you perform Tandem Lifts? Yes No
- p. Describe any subcontracted work: _____
Are Certificates obtained? _____ Total Cost of Subcontracted Work: _____
- q. Describe security procedures for crane and vehicle storage (i.e. lighting, fencing, gates, locks, etc.) _____
- r. Do you have storage tanks on premises? Yes No
If yes, do you have an EPA approved spill prevention, control, and countermeasure plan in place? Yes No
- s. Do you have written procedures for incident reporting? Yes No
- t. Please describe any OSHA violations that you have received in the past five years, and any action taken as a result: _____

7. Cranes & Equipment

| Year | Make, Model,& Description | Boom Length & Tonnage | Serial Number | Value |
|------|---------------------------|-----------------------|---------------|-------|
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8. Crane Operators & Driver Information

| Driver Name | Birthdate | Driver's License # | License State | Crane Operator (Y/N) | Heaviest Crane Operated (Tons) | Years' Experience Operating Cranes |
|-------------|-----------|--------------------|---------------|----------------------|--------------------------------|------------------------------------|
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9. Operators:

- a. Number of Operators: _____
- b. Number of CCO Certified Operators: _____
- c. All other employees: _____

SECTION III: Additional Information

Please Include with this Application:

- a. Completed and Signed ACORDs for each lines quoting
- b. Copy of Table of Contents Page(s) from your Safety Manual
- c. Copy of Crane Certifications/Inspections
- d. Copy of Rental Contract and/or Bare Rental Contract
- e. 5 Years of Currently Valued Loss Runs

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 NAME (PLEASE PRINT): _____ **PRODUCER'S SIGNATURE:** _____

STATE PRODUCER LICENSE NO. (Required in Florida): _____ **NATIONAL PRODUCER NUMBER:** _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____