

# Crane, Rigging, Millwright and Equipment Rental Application

1.	Applicant Name:						
	a. Years in business under curr	rent name:					
	b. Do you currently have, or he active, inactive or dissolve If yes, please describe:		ing interest in any other similar op	perations whether Yes No			
	c. Have you ever declared ba interest?	nkruptcy under this name or any o	other similar entity in which you h	nave had a controlling Yes No			
	If yes, please provide the r	name of each entity, and the date a	nd jurisdiction of bankruptcy:				
2.	Contractor's license number: a. Have you ever or do you p	States in which you do busing lan to work in New York or Color		☐ Yes ☐ No			
3. List all other business names & licenses applicant has used in the past 10 years:							
	Describe the operations:						
4.	Does applicant currently own/ If yes, provide the name of the	operate any other business? business and percentage of owner	rship:	☐ Yes ☐ No			
	Describe the operations:						
5.	Prior five (5) year payroll, gross sales and subcontractor cost history						
	<u>Payroll</u>	<b>Gross Sales</b>	Subcontract Costs				
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6. Please provide estimated breakdown of annual gross receipts, payroll and subcontract costs for upcoming annual policy period (12 months)

		Payroll	S	Gross Receipts	Subcontract Cost
Crane Rental with Operator					
Crane Rental without Operator					
Contractor's Equipment Rental w	vith Operator				
Contractor's Equipment Rental w	vithout Operator				
Bridge Construction/Reconstruct	ion				
Caisson or Cofferdam Work					
Dam Construction/Reconstructio	n				
Docks/Piers /Pile Driving/ Jetty I	Breakwater Construction				
Millwright Work					
Iron/ Steel Erection					
Steel Fabrication					
Concrete Erection					
Rigging (if done separately)					
Sale of New Equipment					
Sale of Used Equipment					
Scaffolding / Hoists					
Street or Road Construction/Reconstruction					
Telecommunication Construction					
Demolition					
Other:					
7. Percent of work	Commercial Construction Marine	% %	Reside Oilfield	ntial Construct d	ion % %
8. Is the applicant involved in co (include past, present and fut	ondominium or townhome const ure involvement)	ruction?		☐ Y	es 🗌 No
If yes, please describe:					

9. Describe any demolition activities and methods used:

10. Describe the type of contractors equipment rented to others without operator:

11. Describe the type of contractors equipment rented to others with operator:

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13.			rgest jobs performed by you within the last 3 years. Include who you worked for er 5 stories & the gross sales generated from the job.	, des	scripti	on of job,
	a.					
	b.					
	c.					
	d.					
	e.					
14.			operating in full compliance with local, state and Federal Regulations using requirements.		Yes	□ No
15.	Do you	ı h	ave the following:			
	8	ì.	A formal Loss Control/Safety Plan in effect?		Yes	No No
	ł	).	A safety manager responsible for safety program?		Yes	□ No
			If yes, please provide the Name of Safety Manager / Phone #			
	C	٥.	Regular safety meetings conducted with employees?		Yes	No No
	(	1.	Screening or reference process for new operators?		Yes	□ No
	e	<del>2</del> .	A minimum age for operators? What age?		Yes	No
	f		A formal equipment maintenance program?		Yes	
	٤	3.	Written equipment inspection reports?		Yes	□ No
16.	_		new equipment sales:  Are you included as an additional insured on the equipment manufacturer's prod policy?			ity insurance No
		b.]	Do you offer any warranty(s) other than the manufacturer's warranty representat		Yes	No
17.	_		o used equipment sales:			<b>—</b>
		a.	Do you provide any warranty representation for any used equipment?		Yes	□ No
18.			equipment rental and leasing:  Are certificates of insurance evidencing general liability coverage required of cu	ston		□ No
			Do you require additional insured coverage on the customer's general liability paintenance, use and operation of the equipment?	olicy		he customer's No
		<b>c</b> .]	Do you require a hold harmless from the customer?		Yes	No No

12. If you are renting/leasing equipment from others, what is your annual cost? \$

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19. Specific to s	ubcontracted operations:						
a. Aı	a. Are certificates of insurance evidencing general liability coverage required from all subcontractors?						
b. W	b. What limits of insurance are required from the subcontractors?						
\$	Per Occurrence	\$	Aggregate				
	o you require additional insure subcontractor's general liabilit	-	cluding coverage f	For completed	operations.  Yes	on all No	
	Is this requirement part of the	written contrac	et?		Yes	☐ No	
	o you require all subcontractors this part of the written contractors.		ndemnify and hold	you harmless	from their	activities and  No	
20. Specific to c a.	1.01 10	n?		Yes	□ No	□ N/A	
b.	Are dual/tandem lifts performed by the co-ordinal street of the co-ordi		used:		Yes	□ No	
c. d.	Are weights determined before Are outriggers fully extende		oil and/or ground ba	ase checked b	Yes pefore use?	□ No	
e. f. g. h. i.	Are cranes & rigging inspec Are mats for crawlers used? Are boom angle indicators a Are load charts used for all I How long are maintenance &	vailable & util ifts?	ized?	use?	Yes Yes Yes Yes	☐ No ☐ No ☐ No ☐ No ☐ No	
j.	Describe the communication	ı techniques en	nployed during lifts	s:			
k.			ermine adequacy o	f equipment f	for lifts?	□ No	
n.	If employees, please describ Operators and oilers are: Number of operators Are crane operators NCCCO If yes, advise how many:	Union Noilers Ocertified:	Ion-Union All Other Em	ployees	☐ Yes	□ No	
0.	Number of jobs located in m If applicable, list metropolita		tan areas:				

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# LITIGATION AND CLAIM INFORMATION

1.	employees and/or any other person or entity proposed for this insurance been involved in or have knowledge or should have known of any pending or completed governmental, regulatory, investigative or administrative proceedings?  Yes No If yes, explain.
2.	After inquiry have any claims been made against the Applicant and/or any of its directors, officers and/or employees, its predecessors, subsidiaries, affiliates, employees and/or any other person or entity proposed for this insurance during the past five (5) years?   Yes  No
	If yes, how many claims have been made in the past five (5) years?
	Please explain on a separate sheet and attach.
3.	Does the applicant and/or any of its directors, officers and/or employees, or its predecessors, subsidiaries, affiliates, and employees have knowledge of any occurrence, bodily injury, property damage, act, error or omission which might reasonably be expected to give rise to a claim against him/her, the Applicant firm or any predecessor firm?  Yes No
	If yes, please provide complete supplemental Claim Information form for each.

## **REPRESENTATIONS**

Vela Insurance Services (the Company) is authorized to make any inquiry in connection with this application, at any time. Completion and/or signing this application does not bind the Company to provide, or the Applicant to purchase, the insurance.

This application, information submitted with this application and all previous applications and material changes thereto of which the Company receives notice is on file with, the Company. The Company will have relied upon this application, the terms of this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Company, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be deried)

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.

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.

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 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN 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.

#### AGREEMENT AND WARRANTY

I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim(s) information from any prior insurer to the Company.

Applicant:	Title:
Applicant's signature:	Date:
Agent/Broker Name:	

## **UNDERWRITING INFORMATION**

#### Required:

- Acord Commercial Insurance Application
- Acord Commercial General Liability Application
- Vela's Crane, Rigging, Millwright and Equipment Rental Application
- Two most recent years financial statements, Dun & Bradstreet report acceptable if statements are not available
- Five years of currently valued loss history
- Subcontractor agreements, rental agreements and job tickets used
- A schedule of all equipment including model and age
- Current crane inspection reports for all cranes 20 years or more in age
- Equipment maintenance protocol and a specimen maintenance/inspection report
- Safety programs
- Training programs
- Copies of any warranties made by applicant that are not manufacturers warranties for new and used equipment sold

\*\* All applications must be completed & signed by the applicant\*\*

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