



2515 Moody Blvd. • Flagler Beach, FL 32136
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CRANE APPLICATION

- 1) Full Name of Insured including all owned or controlled subsidiaries:

- 2) Current Mailing Address: _____
- 3) Location Address: _____

- 4) Federal ID Number: _____
- 5) Applicant's Website: _____
- 6) MC Docket Number: _____
- 7) Individual Co- Partnership Corporation Other **
** Description of Other: _____
- 8) a) # of Years in business under the present name? _____
b) If less than 5 years, please provide (**under separate attachment**) a resume of the principal's applicable experience and/or previous name (s) of the company & **current financials**.
c) Person to be contacted in your organization for purpose of inspection:
Name: _____ Phone #: _____ Email Address: _____
- 9) a) What is the full geographical area of operation; % applicable by state: _____
b) Please list applicable % of jobs located in major metropolitan area(s): _____ % _____ N/A
If applicable, metropolitan area(s) is/are: _____
- 10) Effective Date: _____
If Mid-term Replacement, please detail reasons for replacement: _____

- 11) Description of all operations with % breakout of commercial vs. residential: _____

- 12) What kinds of goods/equipment are typically lifted by your cranes? _____

_____ or if N/A
- 13) a) What is the average on-hook exposure: US \$ _____ or if N/A
b) What is the maximum on-hook exposure: US \$ _____ or if N/A
c) Please provide details of any additional contractual transfer back to the Insured's client:

- 14) Please advise any related association that you are a current member of: _____

15) Please provide estimated breakdown of annual gross receipts & payroll.

	<u>Payroll</u>	<u>Receipts</u>
Crane Rental with Operator	_____	_____
Bare Crane Rentals	_____	_____
Contractors Equipment Rental to Others	_____	_____
Bridge Construction/Reconstruction	_____	_____
Caisson or Cofferdam Work (need specific job details)	_____	_____
<hr/>		
Dam Construction/Reconstruction (need specific job details)	_____	_____
<hr/>		
Docks/Piers /Pile Driving/ Jetty Breakwater Construction	_____	_____
Millwright Work	_____	_____
Iron/ Steel Erection	_____	_____
Steel Fabrication (AISC Member <input type="checkbox"/> Yes <input type="checkbox"/> No)	_____	_____
Concrete Erection	_____	_____
Rigging (if done separately)	_____	_____
Sale of New Equipment *	_____	_____
Sale of Used Equipment **	_____	_____
Scaffolding / Hoists	_____	_____
Street or Road Construction/Reconstruction	_____	_____
Telecommunication Construction	_____	_____
Sub Contractors (*see below)	_____	_____
Miscellaneous (describe in full)	_____	_____
Please describe any installation, repair or removal work for any of the above classes:	_____	

Sub Contractor Operations & Description: _____

Cert of Insd Required: Yes No Required GL Limits: _____

Primary: _____ Excess/Umbrella: _____ Per Project Aggregate Endt required: Yes No

(*) New Equipment Sales:

- a) Is the insured included as a Vendor and/or Additional Insured on the Mfg's policy? Yes No
If (yes) please provide a current Certificate of Insurance from the Mfg that shows the inclusion of the Insured as a Vendor and/or Additional Insured
- b) Does the Insured offer any Warranty(s) other than the Mfg's Warranty Representation? Yes No
If (yes) describe in full any Warranty Representation made by the Insured. _____

(**) Used Equipment Sales:

- a) Does the Insured provide any Warranty Representation for any Used Equipment? Yes No
If (yes) please provide a complete copy of the Insured's Warranty Representation(s).

16) Advise if one or a few industries/customers provide a large % of your work (ie. Utilities, Marine, Stevedoring, Oilfield, Bridges, Commercial Construction, Industrial Plants, Governmental Entities, etc.)

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- a) Do you rent equipment other than cranes? Yes No
If yes, please describe equipment: _____
- b) Copy of rental agreement included? Yes (copy attached) No N/A
- c) What are the revenues **with** operator (includes installation, repair & removal): \$ _____
- d) What are the revenues **without** operator (includes installation, repair & removal): \$ _____
- e) What are your expected expenditures in rented/leased equipment **from others**? \$ _____

17) Operators & Oilers are: Union Non-Union
Number of Operators: _____ Oilers: _____ All Other Employees: _____
Are crane operators NCCCO certified: Yes (# _____) or No
Operating in full compliance with State/s operational and/or licensing requirements, Yes No **Or describe the reasons for the non-compliance:** _____

- 18) Please advise if you have the following:
- a) Loss Control & Maintenance Yes No
Copy of maintenance record specimen (attached) for all cranes +20 yrs old? Yes No
Are equipment inspections in compliance with Local, State & Federal Regulations? Yes No
- b) A formal Loss Control/Safety Plan in effect? (attach copy) Yes No
- c) Safety Manager responsible for safety program? Yes No
Name of Safety Manager / Phone # _____
- d) Regular Safety meetings conducted with employees? Yes No
- e) Screening or reference process for new operators? Yes No
A minimum age for operators? Yes No What age? _____ yrs
Are all operators licensed/certified? Yes No **If not, please explain below:** _____

Attach list of all operators, including DOB

- f) A scheduled maintenance program in effect? Yes No
- g) A written form for crane inspections? (attach copy) Yes No
- h) An accident/ incident report form? Yes No
- 19) Please advise regarding the following:
- a) Are cranes certified? Yes No (If yes, how often & by whom? _____)
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- b) Are insurance certificate required by Lessee on bare rentals? Yes No
*** Attach copy of rental agreement herein?** Yes No
- c) Do you perform dual/tandem lifts? Yes No
If (yes), describe the co-ordination controls used: _____
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- d) Are weights determined before all lifts? Yes No
- e) Are outriggers fully extended & suitable soil and/or ground base checked before use? Yes No
- f) Are cranes & rigging inspected daily by the operator PRIOR to use? Yes No
- g) Are mats for crawlers used? Yes No
- h) Are boom angle indicators available & utilized? Yes No

- i) Are load charts used for all lifts? Yes No
- j) Describe overturn prevention procedure for equipment operated on barges, in culverts of cofferdams, falsework or temporary piers: _____
- k) Describe the communication techniques employed during these lifts: _____
- l) Are professional engineers available to determine adequacy of equipment for lifts? Yes No
If employees, please describe herein: _____
- j) Any losses over \$5,000 in the past 5 years? Yes No
- k) How long are maintenance & inspection records kept? _____

20) Please provide full descriptions of the **five (5) largest jobs** performed by you **within the last 3 years**. Please include who you worked for, description of job, **heights over 5 stories** & the applicable receipts generated for the job.

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____

21) Please provide full descriptions of the **five (5) largest jobs PENDING**, and include who you will be working for, description of your job, **heights over 5 stories** & the estimated receipts generated for the job.

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____

22) Full five (5) Year Payroll/Receipts History (*)

<u>Year</u>	<u>Payroll</u>	<u>Receipts</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(*) Please note in applicable year of any acquisition or sell off by the Insured and describe details hereunder:

23) Schedule of Drivers & Operators (use additional page if necessary)

Name	_____	DOB	_____	License #	_____	Yrs Experience	_____
Name	_____	DOB	_____	License #	_____	Yrs Experience	_____
Name	_____	DOB	_____	License #	_____	Yrs Experience	_____
Name	_____	DOB	_____	License #	_____	Yrs Experience	_____
Name	_____	DOB	_____	License #	_____	Yrs Experience	_____

24) Current/Prior Carrier Information

Insurer	_____	Policy Term	_____	Policy #	_____	Limits	_____
Premium	_____	SIR/Deductible	_____	Riggers Incl:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Insurer	_____	Policy Term	_____	Policy #	_____	Limits	_____
Premium	_____	SIR/Deductible	_____	Riggers Incl:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Insurer	_____	Policy Term	_____	Policy #	_____	Limits	_____
Premium	_____	SIR/Deductible	_____	Riggers Incl:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Insurer	_____	Policy Term	_____	Policy #	_____	Limits	_____
Premium	_____	SIR/Deductible	_____	Riggers Incl:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Insurer	_____	Policy Term	_____	Policy #	_____	Limits	_____
Premium	_____	SIR/Deductible	_____	Riggers Incl:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

IN ORDER TO PROVIDE YOU WITH TIMELY UNDERWRITING OF THE SUBMISSION, PLEASE INCLUDE THE FOLLOWING WITH YOUR SUBMISSION:

- a) GL Acord application – signed, dated & fully completed;**
- b) Heavy Commercial Construction Contractors Supplemental Application – signed, dated & fully completed;**
- c) List of Equipment including year, make, model, serial numbers & values;**
- d) Specimen copy of equipment maintenance/inspection report;**
- e) Copy of recent crane certification for equipment >+25 years of age;**
- f) Copy of rental contracts or work agreements including bare rental contracts;**
- g) Copy of specimen job ticket;**
- h) Currently valued audited financials;**
- i) List of all operators including license #, DOB & years of experience;**
- j) Five (5) years currently valued (within 60 days) hard copy Carrier loss runs with specific details for all losses at \$10,000 and greater;**
- k) Copy of Safety Program;**
- l) Copy of expiring policies.**

Signed Proposal Form: *It is understood & agreed that the signed proposal form by the Assured, forms part of this policy & that underwriters hereon shall rely upon the information to determine the acceptability, rates & coverage.*

It is further understood & agreed that misrepresentation or omission may constitute grounds for immediate cancellation of coverage & potential denial of claims if any.

It is further understood & agreed that the applicant and/or affiliated company is under a continuing obligation, immediately to notify his/her underwriters through the insurance agent/broker of any material alteration to the information given.

All other terms & conditions remain unchanged.

Date: _____ **Insured's Name & Title:** _____

Applicant's Signature: _____

Producer/Agency Name: _____

Phone # _____ **Fax #** _____