

Apollo General Insurance Agency, Inc.  
License Number 0606980

## Rigging & Crane Program Checklist

**Information Needed:**

- \_\_\_\_\_ 5 years currently valued loss runs
- \_\_\_\_\_ Narrative on any Losses in Excess of \$10,000
- \_\_\_\_\_ Completed questionnaire, signed and dated
- \_\_\_\_\_ Completed Acord Applications, Signed
- \_\_\_\_\_ List of all equipment to include: type, year, make, model & value
- \_\_\_\_\_ Current Balance Sheet & Most Recent Financials
- \_\_\_\_\_ Copy of your standard rental and or work agreements
- \_\_\_\_\_ Copy of Contracts used with Subcontractors
- \_\_\_\_\_ Résumé's and/or statement of Qualifications on Key Personnel
- \_\_\_\_\_ Signed TRIA upon binding
- \_\_\_\_\_ Copy of your safety manual

Please note that additional information may be requested by the Underwriter.

***Contractors Pollution Liability, Auto, Property/Inland Marine, Commercial Umbrella or Excess Liability are available under most circumstances.***

# Apollo General Insurance Agency, Inc.

License Number 0606980

## RIGGING & CRANE SUPPLEMENTAL APPLICATION

Application Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

D.B.A. Names: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing (if different) \_\_\_\_\_

Organization Type:     Individual    Partnership    Corporation    LLC    Other: \_\_\_\_\_

Description of Operations (please be specific):

Is this a new venture?    Yes    No

Year Business Started: \_\_\_\_\_    Year business began operating under current name: \_\_\_\_\_

Contact Person: \_\_\_\_\_    Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_    Fax#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Desired Effective Date: \_\_\_\_\_    Deductible: \_\_\_\_\_    Limits: \_\_\_\_\_

Do you operate from more than one location?    Yes    No    (If yes, please list them.)

Geographic area of operations (*If multi-State, please breakdown payrolls by States*):

Annual Gross Sales:

**PART 1 ESTIMATED BREAKDOWN OF PAYROLL & GROSS RECEIPTS**

	Est'd Payroll	Est'd Receipts
A) Crane Rental with Operator		
B) Bare Crane Rental		
C) Steel Erection (Lift Crane Only)		
Steel Erection (Labor Only)		
D) Rigging/Millwright, including Machinery repair, moving & installation		
E) Crane Sales-New or Used Equipment		
F) Manlift/Aerial Lift Sales/Rental		
G) Heavy Hauling/Trucking for others		
H) Miscellaneous (Describe)		
<b>TOTAL:</b>		

**PART 2 GENERAL INFORMATION**

1. Do you rent/lease equipment from others?  Yes  No  
 If yes, what type of equipment? \_\_\_\_\_
  
2. Are you required to name lessor as additional insured?  Yes  No
  
3. Advise the percentage of your work these Customers provide to your operations (i.e. Utilities, Marine, Stevedoring, Industrial Plants, Oil Field/Refineries, Bridges, Construction, etc):  
 Utilities: \_\_\_\_\_% Marine: \_\_\_\_\_% Stevedoring: \_\_\_\_\_% Industrial Plants: \_\_\_\_\_%  
 Oil Field/Refineries: \_\_\_\_\_% Bridges: \_\_\_\_\_% Construction: \_\_\_\_\_%
  
4. Do you engage in any other contracting work?  Yes  No  
 If so, describe and provide revenues: \_\_\_\_\_  
 \_\_\_\_\_
  
5. What percentage of your work is:  
 As a subcontractor working for other contractors: \_\_\_\_\_%  
 Direct with customers: \_\_\_\_\_%
  
6. Do you perform any maintenance work on equipment owned by others?  Yes  No  
 If yes, please describe and provide revenues: \_\_\_\_\_  
 \_\_\_\_\_
  
7. Are there any other Business Operations/Entities owned, operated or managed by you?  
 (i.e. Restaurants, rental properties, mercantile)  Yes  No  
 Describe: \_\_\_\_\_  
  
 Name of insurance carrier providing coverage: \_\_\_\_\_
  
8. Do you manufacture and/or fabricate any equipment, parts or accessories for sale, lease, rent or loan?  Yes  No  
 If yes, provide details and brochures, annual sales and percentage of business.
  
9. Do you warehouse goods of others?  Yes  No  
 If so, attach a copy of storage agreement and gross receipts.  
 Insured by what carrier? \_\_\_\_\_

10. Do you use or rent to others any equipment other than cranes?  Yes  No  
 If yes, what kind of equipment? \_\_\_\_\_

What are your revenues for rental with operators (non-crane)? \_\_\_\_\_

What are your revenues for rental without operators (non-crane)? \_\_\_\_\_

11. Please describe the last five jobs performed by you:

Owner/Contractor	Type of Work Performed in detail

12. Do you ever use subcontractors?  Yes  No

If yes, list type of work subcontracted and approximate annual cost associated with each:

Type of Work	Annual Cost of Subs

### PART 3 CRANE SECTION

1. Are cranes certified?  Yes  No

How Often: \_\_\_\_\_ By whom: \_\_\_\_\_

2. Riggers Liability

(a) Annual number of jobs: \_\_\_\_\_

(b) Usual duration of a job: \_\_\_\_\_

(c) Number of jobs in progress: \_\_\_\_\_

Maximum: \_\_\_\_\_

Average: \_\_\_\_\_

(d) Cost or value of each (on hook) installation: \_\_\_\_\_

Maximum: \_\_\_\_\_

Minimum: \_\_\_\_\_

Average: \_\_\_\_\_

3. Are you licensed by your state to Inspect/Certify cranes?  Yes  No

If Yes

A. Do you do Inspections/Certifications on any equipment of others?  Yes  No

B. Annual revenues from Inspections/Certifications \$ \_\_\_\_\_

**PART 4 EMPLOYMENT TRAINING & PROCEDURES FOR CRANE OPERATORS**

1. Are your operators:         Union         Non-Union
2. How often do you refer to the union for new or temporary operators? \_\_\_\_\_
3. Have Union workers ever been rejected?    Yes    No
4. Is there a screening/reference process for new operators?    Yes    No
5. If Union shop, describe your screening procedures for any new or temporary employees:  
\_\_\_\_\_  
\_\_\_\_\_
6. If Non-Union, describe the training program your Company provides for employees:  
\_\_\_\_\_  
\_\_\_\_\_
7. Are all workers, be it employees or leased labor, given on-going training during the course of employment?    Yes    No  
Describe: \_\_\_\_\_  
\_\_\_\_\_
8. Is this documented?    Yes    No
9. Number of operators: \_\_\_\_\_      Oilers: \_\_\_\_\_      All other Employees: \_\_\_\_\_
10. Is a written test including hand signals, charting of load and radius of use given to all new employees?    Yes    No  
Is this documented?    Yes    No
11. Is an operational test (field test) by type of Crane given to all employees before operator is assigned to that type of Crane?    Yes    No
12. Describe how load weights are determined and by whom? \_\_\_\_\_  
\_\_\_\_\_
13. Do you pre-engineer lifts?    Yes    No
14. Who engineers the lift? \_\_\_\_\_
15. Do you perform dual crane lifts?    Yes    No  
If so, describe coordination controls used: \_\_\_\_\_



**PART 6 CLAIMS EXPERIENCE**

1. Describe any liability claims reported in the last five years: (Use additional sheet if needed):

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2. Describe any claims for damage to your equipment in the last five years: (Use additional sheet if needed):

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3. Current/Prior Insurer Information:

Insurer	Effective Date	Policy #	Premium
			\$
			\$
			\$
			\$
			\$

I HEREBY certify that aforementioned information enclosed in this application form and any additional information which has been enclosed with this application is true and accurate to the best of my knowledge, and I further understand and agree that any policy will be issued in reliance upon the representations made herein. I further understand and agree that failure to provide a true and accurate response to any of the foregoing questions may result in the voiding of the insurance issued in reliance on this application and/or denial of claims which would otherwise have been covered under any policy issued.

Completion of this application does not constitute acceptance of this application or obligate the Company or their duly authorized representative to complete the insurance applied for. No insurance shall become effective until the company has received a signed and dated application and deposit premium.

Applicable in California: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in Florida and Idaho: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.\*  
\* In Florida, Third Degree Felony

Applicable in Indiana: Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Kentucky & New Jersey: Any person who knowingly and with intent to defraud any insurance company or other persons, files a 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, subject to criminal prosecution and civil penalties.

Applicable in Michigan: Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.

Applicable in Minnesota: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada: Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire: Any person who, with purpose to injure, defraud or receive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in Ohio: Any person who, with intent to defraud or knowing that lie/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 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.

Applicant's Signature:	Date:
Producer's Signature:	Date:

**In addition to the Application, please include following:**

- \_\_\_\_\_ 5 years currently valued loss runs
- \_\_\_\_\_ Narrative on any Losses in Excess of \$10,000
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