

GENERAL INFORMATION				
Insured Name:		Date:		
Yard Location	Street:	City:	State:	Zip:

OPERATIONS		
Description of Operations (including geographic territory of operations):		
Describe type of project that provides a majority of the applicant's work (i.e., Utilities, Bridges, General Commercial Construction, Manufacturing Facilities, High Rise Construction, etc.):		
Does the applicant lease or rent equipment from others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, what type of equipment?:		
What are the average expenditures for equipment leased or rented from others?	Monthly: \$	Yearly: \$
Number of Operators		

LOSS CONTROL AND MAINTENANCE			
Formal Loss Control Program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is an employee or owner responsible for the safety program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Please list individual(s):			
Are weekly safety meetings held with field employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is there a screening or reference process for new operators?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is there a minimum age for operators?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is there a scheduled maintenance program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is there a written log kept on file for crane inspections?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are cranes certified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, how often and by whom?:			
Are Certificates of Insurance required from lessees on rentals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you order MVRs on all drivers/operators?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Job Hazard Analysis (project plan) completed as a prerequisite for each project?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Closer Coverage delivered in the Northeast, with offices located in:

CONNECTICUT | MAINE | MASSACHUSETTS | NEW HAMPSHIRE | NEW YORK | VERMONT

RIGGERS LIABILITY

Describe products/equipment typically lifted by applicant:

Crane Rental with Operator	\$
Crane Rental without Operator (Bare)	\$

OPERATION RECEIPTS

Annual Gross Receipts Prior Year

Crane Rental with Operator	\$
Crane Rental without Operator (Bare)	\$
Millwright – Machinery Moving & Installation	\$
Heavy Hauling – Transportation of Equipment & Installation	\$
Steel Erection	\$
Other Sub Contracted Work Describe:	\$

PROJECT HISTORY

Please provide a list of the 5 largest completed jobs within the past three years, including receipts:

Description	Receipts
	\$
	\$
	\$
	\$
	\$

Crane Submission Requirements

Five Years Hard Copy Loss Runs; Standard Rental Agreement(s); Crane Operator License(s); Copy of Crane Inspection Logs

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. 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, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY 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.

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Producer Name (Please Print): _____

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