



ACE Custom Casualty



General Agency Services

## Crane Program Supplemental Application

**Named Insured:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Producer:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Description of Operations (including geographic territory of operations):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Years in Business:** \_\_\_\_\_

**Insurance Coverages**

**Requested:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Effective Dates of Coverage(s):** \_\_\_\_\_

Prior Carrier: \_\_\_\_\_

Limits of Liability/Coverage Provided: \_\_\_\_\_

Deductible: \_\_\_\_\_

Expiring Premiums by Coverage: \_\_\_\_\_

**Estimated Gross Receipts and Payroll by classification for upcoming term:**

	<u>Payroll</u>	<u>Receipts</u>
Crane Rental with Operator	\$	
Bare Crane Rental	\$	
Millwright Work including installation/repair	\$	
Steel Erection	\$	
Rigging (if separate from above)	\$	
Sale of Equipment	\$	
Sub Contracted Work	\$	
Miscellaneous (Describe Below)	\$ _____	_____
<b>Total</b>	<b>\$ _____</b>	<b>_____</b>

**Prior five years payroll/receipts history:**

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

Please explain any downward trends in payroll/receipts history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

<u>Description</u>	<u>Date Completed</u>	<u>Receipts</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Please provide a listing of the insureds current/pending jobs including planned receipts:

<u>Description</u>	<u>Planned Completion</u>	<u>Planned Receipts</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

\_\_\_\_\_

**Describe the types of materials, equipment etc that are typically lifted by your cranes:**\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What is the average on-hook exposure/value?**\_\_\_\_\_

**What is the maximum on-hook exposure/value?**\_\_\_\_\_

**What industries are served? (i.e. Construction, Marine, Oil/Gas Refineries)**

\_\_\_\_\_

\_\_\_\_\_

**Loss Control and Maintenance**

	<b><u>Yes</u></b>	<b><u>No</u></b>
Formal Loss Control Program? (if yes, please provide at least contents page)	_____	_____
Safety Manager?	_____	_____
Regular safety meetings?	_____	_____
Screening process for new operators?	_____	_____
Periodic refresher training for experienced operators?	_____	_____
Crane operators certified? If yes, by which organization?	_____	_____
_____		
If yes, how often?_____		
Minimum Age for Crane Operators? If yes, what age?_____	_____	_____
_____		
Cranes certified for lift capacity, etc If yes, by which organization?	_____	_____
_____		
How often?_____		
Job Hazard Analysis (project plan) completed as a prerequisite for each project?	_____	_____

	<u>Yes</u>	<u>No</u>
Scheduled Maintenance Program?	_____	_____
Written Inspection/Maintenance Records?	_____	_____
Records available for inspection?	_____	_____
Formal Accident Investigation procedures?	_____	_____
Records available for inspection?	_____	_____
Any cranes mounted on barges or watercraft?	_____	_____
Any Dual Lifts performed?	_____	_____
Any Hybrid Cranes on Schedule? (component parts from multiple manufacturers)	_____	_____
<b><u>Regarding Bare Crane Rentals:</u></b>		
Certificates of Insurance obtained from all Lessees? Please provide sample	_____	_____
Is insured named as an additional insured on the lessee's insurance policy?	_____	_____
Is lessee required to carry a minimum of \$1 million in general liability insurance?	_____	_____
Does lease contains hold harmless agreement/indemnification in favor of insured?	_____	_____
<b><u>Commercial Business Auto Supplement</u></b>		
1. A. Motor Vehicle Record check	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Frequency of MVR checks _____		
C. Vehicles inspection/maintenance program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Vehicle maintenance is performed by employees	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the Insured work with or transport hazardous materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the Insured have driver-hiring criteria in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does the Insured have a Drug/Alcohol testing program for employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does the company allow vehicles to be taken home by employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. Is personal use by the employee permitted?  Yes  No  
7. Is there a written policy for vehicles taken home?  Yes  No  
If yes, please attach copy of written policy.  
8. Security, if any, at location where vehicles & equipment is kept?  Yes  No  
9. Radius of operation/driving exposure \_\_\_\_\_

Please providing the following additional underwriting information:

- 1) Preceding five years loss history from current carrier(s) including amount and description of losses
- 2) A list of equipment, including values
- 3) Copy of rental agreement(s)
- 4) Balance sheet financial statement for accounts with estimated premium at \$250,000 or greater.

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_