



Salt Lake City Area Office  
8722 S. Harrison St. Sandy, UT 84070  
P.O. Box 4439 Sandy, UT 84091  
800-257-5590 • Fax 877-452-6910

Chicago Office  
303 W. Madison Street Suite 2075  
Chicago, IL 60606  
800-456-4576 • Fax 888-408-8081

## AERIAL LIFT AND CRANE

### A. General Information

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_ **Applicant's SS# or FEIN:** \_\_\_\_\_

Other Locations Used:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Producer's Name: \_\_\_\_\_

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_

Is this a new business?  Yes  No

Please list the business owner(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business: \_\_\_\_\_

Please list the manager(s) of the business applying for insurance and identify how many years experience the manager(s) has in this type of business: \_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test: \_\_\_\_\_

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services?  Yes  No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: \_\_\_\_\_

Fax: \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

**B. Insurance History**

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim?  Yes  No

Completed Claims and Loss History form attached (REQUIRED)?  Yes  No

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_

**C. Other Insurance**

Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

**D. Desired Insurance**

Per Act/Aggregate OR Per Person/Per Act/Aggregate

<input type="radio"/>	\$50,000/\$100,000	<input type="radio"/>	\$25,000/\$50,000/\$100,000
<input type="radio"/>	\$150,000/\$300,000	<input type="radio"/>	\$75,000/\$150,000/\$300,000
<input type="radio"/>	\$250,000/\$1,000,000	<input type="radio"/>	\$100,000/\$250,000/\$1,000,000
<input type="radio"/>	\$500,000/\$1,000,000	<input type="radio"/>	\$250,000/\$500,000/\$1,000,000
<input type="radio"/>	Other: _____	<input type="radio"/>	Other: _____

**Self-Insured Retention (SIR):**  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

**E. Business Activities**

1. Provide list of aerial platforms, if any, to be insured under any coverage issued:

\_\_\_\_\_

\_\_\_\_\_

2. Explain use of equipment to be insured for liability in narrative form: \_\_\_\_\_

\_\_\_\_\_

3. Indicate equipment's use capacity:

- 20 ton or less  50 ton or less  100 ton or less  200 ton or less  201 ton or more

4. Total Gross Annual Receipt for all business operations: \$ \_\_\_\_\_

5. Percentage of your business which consists of rental by:

The Hour	%
One-Half Day	%
All Day	%
By the Week	%
By the Month	%

6. Gross Receipts by class of service performed:

	UNDER 100 TON	OVER 100 TON
Crane Rentals <u>with</u> Operator:	\$	\$
Sign Making and Installation	\$	\$
Machinery and Steel Beam Erection	\$	\$
Wood Truss, Pole or Lighting Installation	\$	\$
Air Conditioning or Solar Panel	\$	\$
Demolition and Salvage Work	\$	\$
Crane Rentals <u>without</u> Operator	\$	\$
Crane Sales – New	\$	\$
Crane Sales – Used	\$	\$
Aerial Platform Rentals <u>with</u> Operator	\$	\$
Aerial Platform Rentals <u>without</u> Operator	\$	\$
Aerial Platform Sales – New	\$	\$
Aerial Platform Sales – Used	\$	\$
Forklift Rentals – New	\$	\$
Forklift Sales – Used	\$	\$
Construction Equipment Rental with Operator	\$	\$
Construction Equipment Rental without Operator	\$	\$
Compressor Rental	\$	\$
Generator Rental	\$	\$
Pump Rental	\$	\$
Other Construction Equipment Rental	\$	\$

	UNDER 100 TON	OVER 100 TON
Construction Equipment Sales – New	\$	\$
Construction Equipment Sales – Used	\$	\$
Sale of Parts	\$	\$
Sale of Repair Services	\$	\$
All Other Rentals (describe on separate sheet of paper)	\$	\$
All Other Sales (describe on separate sheet of paper)	\$	\$
Small Hand Tool Rental	\$	\$
Revenue Storage of Equipment	\$	\$
Revenue – Consulting Services	\$	\$
Overhead Crane Sales	\$	\$
Overhead Crane Services	\$	\$
Federal/State/Local OSHA Inspection Work	\$	\$
Crane Erection for Others	\$	\$
Manufacturer Warranty Work	\$	\$
Manufacturer Retrofit Work	\$	\$

Note: Only those services where income is noted will be considered for quotation or provided coverage under any coverage contract issued.

**MOBILE EQUIPMENT QUESTIONS:**

7. Identify, from the equipment list provided, the units with rubber tires that are driven on public roads: \_\_\_\_\_

\_\_\_\_\_

How many are registered and licensed as vehicles? \_\_\_\_\_

8. How many trucks with equipment are driven over public roads? \_\_\_\_\_

How many are registered and licensed as vehicles? \_\_\_\_\_

9. Are equipment operators required to be licensed in your state?  Yes  No

10. Are contractors using equipment with long booms required to obtain a permit prior to use in your city or state?

Yes  No

What type of license(s), including general contractor's and electrical contractor's, do you hold, if any? \_\_\_\_\_

\_\_\_\_\_

11. Has any insured member of your firm been the subject of a complaint, or has disciplinary action been taken by any regulatory authorities as a result of contractor activities?  Yes  No

If yes, attach a separate statement with details.

12. Is your firm owed by others any compensation that the client refuses to pay, or is unable to pay in whole or in part?  Yes  No

If yes, provide name and explain: \_\_\_\_\_

\_\_\_\_\_

13. Provide the names of any partners, key employees, and principal owners involved in the business.

Name	Title	Years with Company

14. Please provide copies of:

- a. Advertisement, brochures, and/or descriptive literature;
- b. A sample contract and/or agreement used between you and your clients outlining the services to be rendered;
- c. Any other information which may help describe your operation;
- d. The latest financial data (annual report or balance sheet); and,
- e. A sample report issued to clients.

15. Does any one client or single contract represent more than 50% of your annual gross income?  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

16. What steps are taken to prevent unauthorized use of machines and equipment? \_\_\_\_\_  
 \_\_\_\_\_

17. Months, or period, that your business is open: From: \_\_\_\_\_ To: \_\_\_\_\_

18. Please provide a listing of jobs completed in the last five years; with names, dates, and total charges made. Also provide a separate list of ongoing projects not yet completed, with the expected completion dates. Prior projects, and current job operations, will be excluded. Use separate job summary sheet to provide this information.

19. Are all premises provided service, and where equipment is installed or repaired, inspected or certified by any outside third party?  Yes  No

If yes, please complete the following (use additional paper if necessary):

Name of Agency

- Local Agency \_\_\_\_\_
- State Agency \_\_\_\_\_
- Federal Agency \_\_\_\_\_
- Private Agency \_\_\_\_\_

20. What percent of your work is:

Commercial	%
Residential	%
Government Contracted Service	%
All Other (please describe):	%

21. Please attach a schedule of all equipment owned, rented, or leased, for which insurance will be requested. Information not received will not be quoted, and no coverage will be provided.

Special Note: For each piece of equipment, please provide the following information: year, make, mfg., model, purchased new or used, date of purchase, applicable warranty or service contract, where manufactured, and is the manufacturer still in business? Complete the separate equipment schedule attached with the information requested.

22. Is over-the-road coverage requested for:

- a. Mobile Equipment – unlicensed  Yes  No
- b. Crane Mounted service vehicles – licensed  Yes  No
- c. Other – explain: \_\_\_\_\_  Yes  No

23. Do you provide a brochure detailing operating instructions and do you verbally communicate instructions to each client? If yes, please attach a copy for review.  Yes  No

24. Do you sell equipment?  Yes  No

If yes, what kinds of equipment do you sell? \_\_\_\_\_  
\_\_\_\_\_

25. How do you verify that the equipment and the procedures requested by the customer are suitable for the application? \_\_\_\_\_

26. Do you provide customers with any type of training in the operation of any equipment they may have purchased?  Yes  No

If yes, explain: \_\_\_\_\_

27. Do you have all clients sign a statement agreeing that they have been informed of the possible hazards, risks, and specific job limitations of the services you can provide with the equipment you have available?

Yes  No

28. Do you require proof of liability insurance prior to your renting any equipment, with or without an operator, to a contractor?  Yes  No

29. Do you require your company to be named as an Additional Named Insured and obtain written evidence of insurance prior to entering into any equipment lease contract?  Yes  No

If yes, please provide copies of any such contracts.

30. What is the average age of cranes available for rent? \_\_\_\_\_ years

31. Are Truck Cranes checked when delivered to site to ensure that the front bumper counterweights are in place?  Yes  No

If yes, please attach a copy of the inspection sheets used.

32. Do you make allowance for age of equipment when matching crane to job assigned?  Yes  No

Explain: \_\_\_\_\_

33. If any crane or lift is modified from the original design, altered, or major repairs have been made, do you have the equipment re-certified by the manufacturer?  Yes  No

Explain: \_\_\_\_\_

34. What steps are taken to prevent unauthorized use of machines and equipment? \_\_\_\_\_  
\_\_\_\_\_

35. Do you offer 24-hour radio dispatch repair service for owned equipment?  Yes  No

**Note:** Currently, we are not quoting or providing physical damage coverage on Contractor's equipment and Leased equipment.

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name