

**CRANE, RIGGING & HEAVY EQUIPMENT  
SUPPLEMENTAL APPLICATION**

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

**Insured Email Address\* (Required to Rate):** \_\_\_\_\_

**FEIN # (Required to Rate):** \_\_\_\_\_

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

**Agency Name:** Emery & Karrigan, Inc.

**Agency Representative:** Molly McCarthy

**Agent Phone Number:** 503-941-8009 x210

**Agent Email Address:** Mollym@emerykarrigan.com

**How Did You Hear About Us?**

- Print Advertisement  
  Tradeshow/Conference  
  Email Broadcast  
  Social Media (i.e. Facebook)  
 Internet Search  
  Webinar  
  Postcard  
  Friend  
  Other: \_\_\_\_\_

**Description of Operations**

- Lines of business submitted:  
  Commercial General Liability  
  Inland Marine/Property  
 Commercial Auto/Mobile Liability  
  Contractors' Pollution  
 Umbrella/Excess

**Complete Description of Operations:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Individual  
  Partnership  
  Corporation  
  Limited Corporation  
  Joint Venture  
 Other: \_\_\_\_\_

If other, list description: \_\_\_\_\_

Subsidiaries:	<u>Name</u>	<u>Operations</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

Years in business: \_\_\_\_\_

Years of experience of Principals: \_\_\_\_\_

List all states where applicant has any operations: \_\_\_\_\_

Average number of field operations employees: \_\_\_\_\_

Field operations gross payroll: \$ \_\_\_\_\_ Gross receipts: \$ \_\_\_\_\_

What percentage of work is offshore? \_\_\_\_\_ %   
 What percentage of work is wet or marshland? \_\_\_\_\_ %

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Operations	Payroll	Annual Gross Receipts
Crane Rental With Operator	\$	\$
Crane Rental Without Operator	\$	\$
Other Equipment Rental (describe below 1*)	\$	\$
Rigging when done as a separate operation from any of the above operations	\$	\$
Millwright – machinery moving & installation	\$	\$
Sales of equipment (2* indicate new/used)	\$	\$
Heavy Hauling – Transportation of equipment	\$	\$
Contractors Equipment Other than Cranes, Derricks, Power Shovels & Equipment rented to others with operators (3*)	\$	\$
Contractors Equipment Other than Cranes, Derricks, Power Shovels & Equipment rented to others without operators (4*)	\$	\$
OTHER*	\$	\$
OTHER*	\$	\$
(1*)		
(2*)		
(3*)		
(4*)		

Describe any work on or adjacent to bodies of water, including dams and bridge work:

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Describe any blasting/demolition and wrecking and/or mining operations:

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Describe products/equipment typically lifted by applicant:

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- a) What is the average on-hook exposure? \$ \_\_\_\_\_
- b) What is the maximum on-hook exposure? \$ \_\_\_\_\_

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Describe industries that provide a large percentage of applicant's work, i.e., Utilities, Oil Field, Refineries, Bridges, Commercial Construction, Industrial Plants, Stevedoring, etc.:

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

Does the applicant lease or rent equipment from others?  Yes  No

a) If so, what type of equipment? \_\_\_\_\_

b) What are the average expenditures for equipment leased or rented from others? \$ \_\_\_\_\_

Operators and oilers are: Union  Non-Union

Number of: Operators \_\_\_\_\_ Oilers \_\_\_\_\_

**Loss Control and Maintenance:**

a) Is a written loss control and job site safety plan updated regularly?  Yes  No

b) Is one employee responsible for the safety program?  Yes  No

If yes, please name: \_\_\_\_\_

c) Are weekly safety meetings held with field employees?  Yes  No

d) Is there a screen or reference process for new operators?  Yes  No

e) Is there a minimum age for operators?  Yes  No

f) Is there a schedule maintenance program?  Yes  No

g) Is there a written form kept on file for crane inspections?  Yes  No

h) Are cranes certified?  Yes  No

If yes, how often and by whom? \_\_\_\_\_

i) Are operators certified?  Yes  No

If yes, how often and by whom? \_\_\_\_\_

j) Are Certificates of Insurance required from lessees on bare rentals?  Yes  No

k) Do you order MVRs on all drivers/operators?  Yes  No

Do you use or have exposure to radioactive material?  Yes  No

If yes, please describe and include protective measures: \_\_\_\_\_

Describe the use of any explosives in conjunction with your operations: \_\_\_\_\_

Describe procedures when working with hazardous materials (i.e. acids): \_\_\_\_\_

Do you or anyone working on your behalf perform services relating to surveying underground structures or formations?  Yes  No

**SAFETY - Attach copy of Safety Program**

Name of Safety Director: \_\_\_\_\_

Safety Director reports to: \_\_\_\_\_

Years with organization: \_\_\_\_\_ Years in the safety field: \_\_\_\_\_ Percentage of time spent on safety: \_\_\_\_\_ %

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How often are safety meetings held? \_\_\_\_\_

Are employees required to attend?  Yes  No  
 Is a written loss control and job site safety plan updated regularly?  Yes  No  
 Does the loss control and job safety plan address setup near powerlines?  Yes  No

Describe the Safety Director's duties:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe any safety award program(s):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SUBMISSION REQUIREMENTS**

<b>Inland Marine / Property / General Liability</b>	<b>Commercial Auto</b>	<b>Umbrella / Excess</b>
Acord Sections	Acord Sections	Acord Sections
NBIS Supplemental Application	Five Years Current Loss Runs	NBIS Supplemental Application
Five Years Currently Value Loss History	Vehicle Schedule With Cost New	Vehicle Schedule
Equipment Schedule	Driver Schedule	Underlying CGL Quotation
Operator Certifications	Motor Vehicle Reports - All Drivers	Underlying Auto Quotation
Equipment Inspections		Employer's Liability Carrier/Limit
Safety Program		Five Year Loss Summary Each Line
Lease / Rental Agreement		

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### ATTENTION

1. THE APPLICANT WARRANTS THAT THE ABOVE STATEMENTS AND PARTICULARS, TOGETHER WITH ANY ATTACHED OR APPENDED DOCUMENTS OR MATERIALS ("THIS APPLICATION"), ARE TRUE AND COMPLETE AND DO NOT MISREPRESENT, MISSTATE OR OMIT ANY MATERIAL FACTS.
2. THE APPLICANT UNDERSTANDS THAT THE COMPANY RELIED UPON THE INFORMATION CONTAINED WITHIN THIS APPLICATION TO DETERMINE ACCEPTABILITY, RATES AND COVERAGE.
3. THE APPLICANT UNDERSTANDS THAT ANY MISREPRESENTATION OR OMISSION SHALL CONSTITUTE GROUNDS FOR RESCISSION OF COVERAGE AND DENIAL OF CLAIMS, OR, AT THE OPTION OF THE COMPANY, THE ASSESSMENT OF ADDITIONAL PREMIUM CHARGES. THE APPLICANT REPRESENTS AND WARRANTS TO THE COMPANY THAT, IF A POLICY IS ISSUED TO THE APPLICANT, THE APPLICANT WILL COOPERATE WITH THE COMPANY IN CONNECTION WITH ANY INSPECTION, PREMIUM AUDIT AND IN ALL OTHER RESPECTS AS REQUIRED UNDER THE POLICY.
4. THE APPLICANT UNDERSTANDS THE COMPANY IS NOT OBLIGATED NOR UNDER ANY DUTY TO ISSUE A POLICY OF INSURANCE BASED UPON THIS APPLICATION. THE APPLICANT FURTHER UNDERSTANDS THAT, IF A POLICY IS ISSUED, THIS APPLICATION WILL BE INCORPORATED INTO AND FORM A PART OF SUCH POLICY.
5. IF THE APPLICANT BECOMES AWARE THAT ANY RESPONSE ON THIS APPLICATION IS INACCURATE AS A RESULT OF INFORMATION OR CHANGE OF CIRCUMSTANCES BEFORE A POLICY IS ISSUED, THE APPLICANT MUST INFORM THE COMPANY OF SUCH CHANGE, IN WRITING, AND ANY POLICY ISSUED BEFORE SUCH NOTIFICATION IS SUBJECT TO IMMEDIATE CANCELLATION.
6. THE APPLICANT AUTHORIZES THE COMPANY TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THE APPLICATION AS IT MAY DEEM NECESSARY.

THE UNDERSIGNED, BEING AUTHORIZED BY AND ACTING ON BEHALF OF THE PROSPECTIVE INSURED, REPRESENTS THAT THE ANSWERS GIVEN ARE TRUE. FAILURE TO PROVIDE TRUTHFUL ANSWERS AND ALL MATERIAL INFORMATION CAN RESULT IN THE COMPANY ELECTING TO CANCEL, REFORM AND/OR RESCIND THE POLICY.

("APPLICANT", "YOU", "YOUR" AND SIMILAR WORDS REFER TO THE PROSPECTIVE INSURED)

THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN POLICIES ISSUED BY THE COMPANY VARY SIGNIFICANTLY FROM THOSE CONTAINED IN MANY OTHER LIABILITY INSURANCE POLICIES. THE POLICY FORM ISSUED BY THE COMPANY PROVIDES COVERAGE THAT MAY BE MORE LIMITED THAN THAT AVAILABLE UNDER THE "ISO" INSURANCE POLICY OR SIMILAR TYPES OF POLICIES. YOU SHOULD CAREFULLY REVIEW THE ENTIRE POLICY WITH YOUR AGENT, LEGAL COUNSEL OR OTHER INSURANCE PROFESSIONAL TO MAKE SURE THAT YOU UNDERSTAND THE COVERAGE IT PROVIDES, AND YOUR RIGHTS AND OBLIGATIONS UNDER THE POLICY.

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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.

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\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Title (Officer, Manager, Partner, Owner)**

\_\_\_\_\_  
**Signature of Broker**

\_\_\_\_\_  
**Date**

*\*As an associated party to NBIS, you will be notified via e-mail about products or services that may be of interest to you. To opt-out from these program updates, please go to NBIS.com, then Contact Us, and select Opt-Out Request.*