

Quaker Special Risk

a division of the Quaker Agency Inc.

CRANE RENTAL/STEEL ERECTION/RIGGING SUPPLEMENTAL APPLICATION

1. a. Named Insured including all owners or controlled subsidiaries (attach schedule if necessary)

Phone# _____

b. Mailing

Address: _____

c. Effective Date; _____ to _____

d Description of operations- _____ (attach narrative if necessary)

e Geographic area of operation: _____

f Name & PH# for person to be contacted in your office for inspection purposes:

2. a. How many years in business under the present name? _____ (if less than 3 attach resume)

b. Have there been any changes in the company operation in the last twelve months? ___No___ Yes

3. Locations of ALL Operations, include use of each facility (attach separate sheet if

4. Prior Insurance Carrier information for past five (4) years:

Pol.term	Carrier	Limit/Liability	Total Premium	Gross Receipts	Deductible
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5. Summarize all losses for the past five (5) years, attach loss runs, describe all losses over \$10,000

6. Has any Insurance Carrier ever canceled or refused to renew Applicant's liability insurance? ___NO___ YES

If yes, please provide reason(s)

7. Employees:

Number of crane operators _____
All other employees _____

Other equipment operators _____
Union _____% Non-Union _____%

8. Please provide estimated breakdown of gross receipts & payroll for the following:

	Payroll	Receipts
Millwright work including machinery	\$ _____	\$ _____
Steel erection	\$ _____	\$ _____
Crane rental with operator	\$ _____	\$ _____
Rigging if done as a complete and separate operation from any of the above	\$ _____	\$ _____
Bare crane rental (without operator)	\$ _____	_____
Heavy Hauling	\$ _____	\$ _____
Other operations (describe) _____	\$ _____	\$ _____
Total	\$ _____	\$ _____

9. Advise if one or a few industries or customers provide a large percentage of your work.

_____ Utilities	_____ Oil Field	_____ Commercial Construction
_____ Marine	_____ Stevedoring	_____ Residential Construction
_____ Bridges	_____ Industrial Plants	
Other:	<u>% of work</u>	<u>Industry</u>
	_____	_____
	_____	_____

10. Do you rent equipment other than cranes? ___ Yes ___ No

(b) What kind of equipment ?

11. Please Provide

Average "On-Hook" value _____ Maximum "On-Hook" value _____

Average "Height of Lifts" _____ Maximum "Height of Lifts" _____

Description of items lifted _____

12. Loss Control & Maintenance

Do you have	YES	NO
A formal loss control or safety program?	_____	_____
One employee responsible for safety programs?	_____	_____
If yes, Name _____		
Regular safety meetings with employees?	_____	_____
Screening or reference process for new operators?	_____	_____
A minimum age for operators? Age _____?	_____	_____
A scheduled maintenance program?	_____	_____
A written form used to inspect cranes?	_____	_____
An accident report form?	_____	_____
Are cranes certified?	_____	_____
If so, how often & by whom? _____		
Are Certificates of Insurance required from leases on bare rentals?	_____	_____
Do you order MVR*s on all operators?	_____	_____

Please attach: List of Operators include name, date of birth and years experience.
 List of equipment with: year, mfgr, model, boom length
 Copy of rental contracts or work agreements, including bare rental contracts if applicable.

THE APPLICANT WARRANTS THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Date

Name & Title

Applicant's Signature

(FAX

NAME: _____
COMPANY: _____
ADDRESS: _____
STATE, ZIP: _____
DATE: _____
NUMBER OF PAGES(incl. Cover): _____
* FAX TO: _____

PLEASE FAX THIS APPLICATION TO THE OFFICE THAT IS NEAREST YOU.

* Click the link below for a list of our offices and current fax numbers.

<http://www.qsr-insurance.com/qsr-fax.html>

ADDITIONAL COMMENTS:

