



[Inland Marine Package Application]

## **CRANE & RIGGING CONTACTORS APPLICATION**

Mobile Cranes and Tower Cranes



**cansure**

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# CRANE & RIGGING CONTRACTORS APPLICATION

## PART 1 GENERAL INFORMATION

Broker: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_

Name of Insured (Full Legal Name): \_\_\_\_\_

Operating Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Risk Location Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Principal(s): \_\_\_\_\_

Website: \_\_\_\_\_

Number of years in business: \_\_\_\_\_ Years' of related experience: \_\_\_\_\_

Desired Effective Date: (MM/DD/YYYY) \_\_\_\_\_ Desired Expiry Date: (MM/DD/YYYY) \_\_\_\_\_

Previous Insurer: \_\_\_\_\_

Has any Insurer cancelled, declined, or refused you coverage?  Yes  No If Yes, explain: \_\_\_\_\_

## PART 2 OPERATIONS

Narrative Description of Operations: \_\_\_\_\_

Do you operate or rent Tower Cranes?  Yes  No

Do you operate or rent Mobile Cranes?  Yes  No

Do you operate or rent Lift Trucks?  Yes  No

Do you operate or rent Picker Trucks?  Yes  No

### OPERATIONS BY REVENUE:

Operation	Total Revenue (\$)	Sub-Contracted Amount (\$) (included in Total Revenue)
Crane Services with Employee Operator(s)		
Crane Rentals without Operator(s)		
Lifting of Equipment or other Property of Others		
Hauling of Equipment or other Property of Others		
<b>Totals for Next Year:</b>		

### AREA OF OPERATIONS

Area	% of Operations (by Revenue)
Describe:	%
Describe:	%
Describe:	%

Do you perform any work in the USA?  Yes  No

**GENERAL**

Do you employ any Professionals (Engineers)?  Yes  No

If Yes to the above, provide a complete description, including the amount of "fee for service" revenue or whether these professionals strictly work within your operations:

Do you engineer any of your own lifts?  Yes  No If Yes, please describe below:

Do you engineer lifts for others?  Yes  No If Yes, please describe below:

Do you perform tandem lifts?  Yes  No If Yes, do you engineer each lift?  Yes  No

If you perform tandem lifts, do you use more than one of your own cranes or in conjunction with other crane operators only?  Yes  No

What percentage of lifts would be tandem? \_\_\_\_\_ %

Do you operate personnel buckets?  Yes  No

If Yes, do you ever lift personnel who are not your employees covered under WCB?  Yes  No

Do you work in close proximity to industrial facilities?  Yes  No If Yes, approximately what percentage of the time? \_\_\_\_\_ %

Do you perform any welding operations?  Yes  No

If Yes to the above, please describe, including whether on premises, off premises, and what control measures and fire watch is provided:

i) Do you perform welding on equipment owned by others?  Yes  No

Have there been any changes to your operations in the past 5 years, or are major changes anticipated in the next year?

Do you own, hire, or lease any watercraft or aircraft?  Yes  No

Do you have any other subsidiary companies not listed on this application?  Yes  No

i) Do you want this policy to cover these operations?  Yes  No

ii) Please list company names and details of operations: \_\_\_\_\_

**CRANE RENTALS WITHOUT OPERATORS "BARE RENTALS"**

Do you verify qualifications of the operator?  Yes  No

Do you obtain a signed rental contract?  Yes  No If Yes, please attach copy of the **Rental Agreement**

Do you transfers all-risks of physical damage to the rental customer?  Yes  No

Do you obtain a certificate of insurance showing adequate Equipment insurance limits?  Yes  No

Do you require to be named as Additional Insured on the rental customer's insurance policy?  Yes  No

Do you require rental customers to hold you harmless?  Yes  No

Do you pre-rental inspect and test all equipment?  Yes  No

Is the above inspection noted on the rental agreement?  Yes  No

**HOOK AND HOIST OPERATIONS**

Describe the types of property typically lifted on a hook: \_\_\_\_\_

Highest value on a hook? \$ \_\_\_\_\_ Percentage of time this value is on hook? \_\_\_\_\_ %

Average value on hook? \$ \_\_\_\_\_ Average number of lifts per month: \_\_\_\_\_

**HAULING OPERATIONS - CARGO**

Do you haul equipment or other property of others?  Yes  No

i) Describe the commodity hauled: \_\_\_\_\_

ii) What is the Average load value? \$ \_\_\_\_\_ and maximum load value \$ \_\_\_\_\_

iii) Do you issue a standard Waybill?  Yes  No

If Yes to above, is the valuation on a "Released Value" basis (\$2/lb) or "Declared Value (ACV)" basis?

Released: \_\_\_\_\_ % Declared Value \_\_\_\_\_ % **(Please attach copy of Waybill)**

iv) Do you ever haul gratuitously (without compensation)?  Yes  No

v) If hauling gratuitously, what is the approximate number of trips per month? \_\_\_\_\_ Trips

**PART 3 EQUIPMENT**

**SCHEDULE OF EQUIPMENT**

If more than 10 items, please attach a complete schedule of Equipment

Item	Unit #	Description and Serial Number	Valuation (ACV/RC)	Insured Value (\$CAD)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
<b>TOTAL INSURED VALUE:</b>				

**LOSS PAYEE:**

With respect to Items Numbered:	Name and Address of Loss Payee, and notes, if any

Is the equipment shown in the schedule of equipment the only equipment owned by you?  Yes  No If No, please explain below:

Do you transport equipment by Barge or Ferry?  Yes  No  Possibly If Yes, describe and include the maximum value of any one shipment:

Do you operate any equipment on a Barge or other floating conveyance?  Yes  No If Yes, explain below:

Do you operate in areas of ice/muskeg?  Yes  No  Possibly

Where is the equipment stored when not in use? \_\_\_\_\_

- i) State the maximum value in any one building: \$ \_\_\_\_\_
- ii) State the maximum value stored in any one yard: \$ \_\_\_\_\_
- iii) Describe the yard security (fence, lighted, gated, etc.): \_\_\_\_\_

Do the equipment operators conduct a basic maintenance check at the beginning and end of each shift?  Yes  No

i) Is a daily Log Book kept of the operator's maintenance checks?  Yes  No

What procedure does the operator follow if they notice a deficiency during a maintenance check?

Are maintenance and overhauls done on a scheduled basis, and in accordance with manufacturer's specifications?  Yes  No If No, explain:

Do you have mechanics on staff with mobile support capabilities?  Yes  No

What is the general condition of the equipment?  Excellent  Good  Fair  Poor

Are all cranes equipped with Overload Warning a/o Overload Prevention Devices?  Yes  No If Yes, please describe below:

Is all crane rigging inspected regularly and repaired /replaced in a preventative fashion?  Yes  No

Is the equipment exposed to any unusual hazards?  Yes  No If Yes, please explain below:

Does all your equipment and operating practices comply with government regulations?  Yes  No

**FIRE PREVENTION**

Are all mobile machines equipped with spark arrestors?  Yes  No

Is each unit fitted with certified fire extinguishers?  Yes  No

How often are machines pressure washed? \_\_\_\_\_

How often are machines steam cleaned? \_\_\_\_\_

Do you have a written smoking policy and is it strictly enforced? \_\_\_\_\_

**VEHICLES**

Please complete a "COMMERCIAL VEHICLE SUPPLEMENT" if:

- You operate unlicensed vehicles and CGL is to be extended to these vehicles (include schedule);
- You are requesting physical damage coverage on licensed or unlicensed vehicles;
- You are requesting Umbrella Liability coverage in excess of auto liability coverage.
- How many unlicensed vehicles do you operate on private roads, or jobsites?

Heavy Trucks: \_\_\_\_\_ Trailers: \_\_\_\_\_ Trucks: \_\_\_\_\_

ATV's: \_\_\_\_\_ Snowmobiles: \_\_\_\_\_

**WATERCRAFT:**

Please complete a "COMMERCIAL WATERCRAFT SUPPLEMENT" if you own and operate commercial watercraft under 10 meters in length and CGL is to be extended to these vessels (include schedule with application)

**PART 4 LIABILITY**

Do you obtain proof of insurance from all sub-contractors for at least \$1,000,000 CGL coverage (requiring sub-contractors to carry insurance can lower your cost of insurance)?  Yes  No  N/A

Do you obtain proof of W.C.B. insurance from sub-contractors?  Yes  No  N/A

Do you obtain proof of insurance from sub-contractors for any other form of insurance (such as Hook Liability coverage)?  Yes  No  N/A

If Yes to above, please explain: \_\_\_\_\_

Average number of Employees: Full Time \_\_\_\_\_ Part Time: \_\_\_\_\_ Do you have an employee benefits program:  Yes  No

Are all your employees covered by W.C.B?  Yes  No If No, please explain below:

Do you have any hold-harmless agreements in place with any third parties?  Yes  No If Yes, please explain below:

Do you have any fuel storage tanks or fuelling facilities on premises, on vehicles, or at jobsites?  Yes  No

i) Have you considered your Pollution Liability exposure?  Yes  No

ii) Would you like a quote for Pollution Liability coverage?  Yes  No

If Yes to the above, complete "Limited Pollution Supplement" or "Contractors Environmental Impairment Liability Application"



Do you rent or lease space from others for business purposes?  Yes  No

i) What is the square footage of leased space? \_\_\_\_\_ feet

ii) Are there other occupants in this building?  Yes  No If Yes, describe below:

What is the construction of the building (wood frame, pre-fab steel, masonry, tilt-up concrete)? \_\_\_\_\_

Hydrants within 300 meters?  Yes  No Fire Hall within 8 kilometers?  Yes  No Sprinklered?  Yes  No

## PART 5 COVERAGE AND LIMITS

### PROPERTY COVERAGE

If property is to be covered, please attach a completed “Commercial Property Supplement”.

	Total Insured Value (\$)
Buildings	
Contents and Equipment and Tenants Improvements	
Stock	
Tools on site	
Tools off site	
BI Gross Rents coverage, indicate locations	
BI Gross Profits coverage, indicate locations	
BI Extra Expense	
Computer (Hardware/Media/Software)	
Mechanical Breakdown coverage, indicate locations	
Other:	
Deductible(s)	

### EQUIPMENT COVERAGE

	Total Insured Value (\$)
Cranes and Other Contractors Equipment	
Vehicle Physical Damage (Trucks and Trailers)	
Small Parts and/or Tools	
Employee owned Tools (if any)	
Other:	

**EQUIPMENT LIMITS**

	Limit of Liability (\$)
Any one Loss or Disaster	
Broad Waterborne	
Rental Reimbursement coverage	
Blanket S/T Leased, Rented, or Borrowed Equipment	
Employee Tools coverage	
Deductible(s)	

**RIGGERS (ON HOOK) COVERAGE**

	Limit of Liability (\$)
Any one Loss or Disaster (Limit of Loss)	
Deductible(s)	

**CARGO COVERAGE**

	Limit of Liability (\$)
Any one Loss or Disaster (Limit of Loss)	
Deductible(s)	

**LIABILITY COVERAGE**

	Limit of Liability (\$)
BI / PD Any one Loss or Disaster (Limit of Liability)	
Products & Completed Operations (aggregate limit)	
Medical Payments coverage	
Tenants Legal Liability coverage	
Non-owned Automobile coverage	
Advertising Liability coverage	
Employee Benefits Liability coverage	
Forest Fire Fighting Expense Liability coverage	
Limited Pollution Liability coverage	
Other:	
Deductible(s)	



**PART 6 LOSS HISTORY**

Check here  if there were **NO LOSSES IN THE PAST 5 YEARS** under any coverage line applied for herein, otherwise **DETAIL ALL LOSSES** below:

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	DEDUCTIBLE PAID BY INSURED

**\*Please attach any available insurance company loss reports with this application\***

**NOTICE TO APPLICANT:**

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
  - a) Gives false or erroneous information to the prejudice of the insurer, or
  - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Please print name: \_\_\_\_\_ Date: \_\_\_\_\_

**BROKER DECLARATION**

How long have you known this applicant? \_\_\_\_\_

Is this account new or renewal to you? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Have you personally viewed the applicants operations? \_\_\_\_\_

What is the condition of facilities and equipment? \_\_\_\_\_

What is the applicant's attitude toward risk management and insurance? \_\_\_\_\_

Do you recommend this applicant? \_\_\_\_\_

Broker's Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Please print name: \_\_\_\_\_ Date: \_\_\_\_\_

