

# Machinery, Equipment And Rigging Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

\_\_\_\_\_ Web Address \_\_\_\_\_

\_\_\_\_\_ Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

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

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

## UNDERWRITING INFORMATION

1. Years in Business \_\_\_\_\_

2. Provide geographic area of operation \_\_\_\_\_

3. Estimated breakdown of total gross sales and payroll for the following categories

CATEGORY	PAYROLL	GROSS SALES
Crane rental with operator	\$ _____	\$ _____
Bare crane rental ( <b>Attach</b> rental agreement)	\$ _____	\$ _____
Heavy Hauling or machinery moving	\$ _____	\$ _____
Millwright work including machinery	\$ _____	\$ _____
Installation service and repair	\$ _____	\$ _____
Rigging (if done as a separate operation to above)	\$ _____	\$ _____
Miscellaneous (describe below)	\$ _____	\$ _____

4. Do you specialize in any particular field of operation or for any one specific industry?  Yes  No

If yes, provide complete details below. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**UNDERWRITING INFORMATION (Continued)**

- 5. Provide detailed description of all equipment used in operations (e.g. forklift, crane, etc.).
- 6. Provide detailed description including cost of last 5 jobs. (Attach separate sheet, if needed)
- 7. Is welding or electrical hook up involved with the operations? .....  Yes  No
- 8. Do you rent any equipment to others? .....  Yes  No  
 If yes, provide description of equipment including gross sales \_\_\_\_\_

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9. Number of employees by category	<b>UNION</b>	<b>NON-UNION</b>
Equipment operators	_____	_____
Technicians or maintenance personnel	_____	_____
Leased workers	_____	_____

**LOSS CONTROL & MAINTENANCE**

- 1. Is there a formal written loss control or safety program? .....  Yes  No
- 2. Is one employee responsible for your safety program? .....  Yes  No  
 Provide Name of individual. \_\_\_\_\_
- Do you hold regular safety meetings with all employees on a regular basis? .....  Yes  No
- 3. Do you have screening and/or reference procedures for all new operators? .....  Yes  No
- 4. Are random drug or alcohol testing procedures outlined in a written manual provided to all employees? .....  Yes  No
- 5. What is the age requirement for operators? Minimum \_\_\_\_\_ Maximum \_\_\_\_\_
- 6. Do you keep a written scheduled maintenance program of all equipment? .....  Yes  No
- 7. Do you have a formal report to be filed on all accidents or injuries? (**Attach** copy) .....  Yes  No
- 8. Do you obtain certificates of insurance on all crane rentals? .....  Yes  No
- 9. Do you obtain MVR's on all drivers? .....  Yes  No
- 10. Are all cranes inspected or certified? .....  Yes  No  
 If no, provide detailed information. \_\_\_\_\_

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- 11. Do you maintain Commercial Automobile Liability coverage on all units driven over the road? .....  Yes  No  
 If no, provide details. \_\_\_\_\_

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**LOSS CONTROL & MAINTENANCE (Continued)**

12. Do you perform any of the following services? .....  Yes  No

If yes, provide details.

(a) Dual Lifts? .....  Yes  No

(b) Personnel lift, or placement? .....  Yes  No

(c) Work in excess of three stories? .....  Yes  No

(d) What is the maximum height of work performed? \_\_\_\_\_

13. Provide the following information for RIGGING performed for others:

(a) Estimated number of jobs performed annually. \_\_\_\_\_

(b) Estimated duration of each job. \_\_\_\_\_

(c) Number of jobs in progress at any one time. Maximum \_\_\_\_\_ Minimum \_\_\_\_\_ Average \_\_\_\_\_

(d) Cost or Value of each on hook installation. Maximum \_\_\_\_\_ Minimum \_\_\_\_\_ Average \_\_\_\_\_

14. **Attach** each item to this application.

- List Equipment including Manufacturer, Values, Serial Number, Tonnage, Boom length and Jib length.
- Financial Statement.
- Copy of Rental Agreement for equipment leased to others.
- Copy of Accident or Incident report.
- Copy of daily inspection log.
- Copy of loss control or safety plan.

**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT**

**To Insureds in the States of:**

**Alabama, Connecticut, Delaware, Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:**

**NOTICE:** In some states, any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Alaska**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

## **Arkansas**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

## **California**

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

## **Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

## **District Of Columbia**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

## **Hawaii**

Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

## **Idaho**

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

## **Indiana**

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

## **Louisiana**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

## **Maine**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

## **Maryland**

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

## **Minnesota**

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

## **New Hampshire**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

## **New Jersey**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

## **New Mexico**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

## **New York**

The following statement is to be attached to and form a part of the policy application:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

## **Ohio**

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.

## **Oklahoma**

**WARNING** – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

## **Oregon**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A.** The misinformation is material to the content of the policy;
- B.** We relied upon the misinformation; and
- C.** The information was either:
  - 1.** Material to the risk assumed by us; or
  - 2.** Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

**Pennsylvania**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Tennessee**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Virginia**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Washington**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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Producer's Signature                      Date                      Applicant's Signature                      Date