



CRANE SUPPLEMENTAL **CONTRACTORS APPLICATION**

Instructions

1. Please complete this application. All questions must be answered.
(If "None" or "Not Applicable" so indicate)
2. If space is insufficient to complete answers, please continue on your firm's letterhead.
3. This form must be signed and dated by an owner, partner or director/officer of your firm.

Insured Name:
1. *Do you own any cranes? If so, please provide Type, Manufacturer, Model, Max Boom Length, Max Lifting Capacity.
2. Do you rent any cranes? Without Operator <input type="checkbox"/> Yes <input type="checkbox"/> No With Operator <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide typical or repeated Type, Manufacturer, Model, Max Boom Length, Max Lifting Capacity.
3. How often do you use cranes? *How many times last year?
4. What do you use cranes for?
5. If you own cranes or rent without operator, how many OSHA certified crane operators do you employ? Is it required that any operators of cranes whether employees or not be OSHA certified to operate a crane?
6. *When you rent a crane, do you have OSHA compliant procedures in place for use and a copy on file?
7. *Have you ever had any OSHA violations related to crane use?
8. *Have you ever had an OSHA reportable incident related to crane use?
9. Have you ever had a crane accident?
10. Have you ever had a claim (GL or WC) related to crane use?
11. From whom do you rent cranes?
12. When you rent with operator do you receive the following : *Additional Insured Status? <input type="checkbox"/> Yes <input type="checkbox"/> No *Hold harmless Agreements? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. *When you rent with operator, do you require minimum limits of liability of at least \$5,000,000? If not, what limit do your require?

Signature of Producer

Date

Signature of Applicant/Officer

Date