



# ZURICH

## Steadfast Insurance Company

Dover, Delaware

Administrative Offices: 1400 American Lane, Schaumburg, Illinois 60196-1056

### CRANE & RIGGING GENERAL LIABILITY APPLICATION

1. Named Insured including all owned or controlled subsidiaries:

Mail address:

Web site address:

Insurance contact :

Telephone number:

E-mail address:

2.  Individual                       Co-partnership                       Corporation

Other (describe):

3. a. How many years have you been in business under the present name?

b. Name of person to be contacted in your organization for purpose of inspection:

4. What is your geographic area of operation:

5. Effective Date:

6. Please provide estimated breakdown of gross receipts and payroll for the following categories:

	Payroll	Receipts
(a) Millwright work including machinery installation and repair	\$ _____	\$ _____
(b) Steel erection	\$ _____	\$ _____
(c) Crane rental with operator	\$ _____	\$ _____
(d) Rigging if done as a complete and separate operation from any of the above	\$ _____	\$ _____
(e) Bare crane rental	\$ _____	\$ _____
(f) Heavy Hauling	\$ _____	\$ _____
(g) Miscellaneous (describe)	\$ _____	\$ _____

TOTAL:           \$ \_\_\_\_\_           \$ \_\_\_\_\_

7. Advise if one or few industries or customers provide a large percentage of your work (i.e. Utilities, Marine, Stevedoring, Oil Field, Refineries, Bridges, Commercial Construction, Industrial Plants, etc.)

8. (a) Do you rent equipment other than cranes?

Yes            No

(b) What kind of equipment?

(c) What are revenues with operator?

(d) What are revenues without operator?

9. Operators and Oilers are:            Union            Non-Union

Number of:      Operators:           Oilers:                      All other employees:

10. Loss Control & Maintenance

Do you have:

	Yes	No
(a) A Formal loss control or safety program?	<input type="checkbox"/>	<input type="checkbox"/>
(b) One employee responsible for safety program? If yes, name:	<input type="checkbox"/>	<input type="checkbox"/>
(c) Regular safety meetings with employees?	<input type="checkbox"/>	<input type="checkbox"/>
(d) Screening or reference process for new operators?	<input type="checkbox"/>	<input type="checkbox"/>
(e) A minimum age for operators? What?	<input type="checkbox"/>	<input type="checkbox"/>
(f) A scheduled maintenance program?	<input type="checkbox"/>	<input type="checkbox"/>
(g) A written form for crane inspections which is used?	<input type="checkbox"/>	<input type="checkbox"/>
(h) An accident report form which is used?	<input type="checkbox"/>	<input type="checkbox"/>
(i) Are cranes certified? If so, how often & by whom?	<input type="checkbox"/>	<input type="checkbox"/>
(j) Are Certificates of Insurance required from lessees on bare rentals?	<input type="checkbox"/>	<input type="checkbox"/>

(k) Do you order MVR's on all drivers?

11. Please attach:

- (a) List of equipment with values.
- (b) Financial Statement.
- (c) Copy of rental contracts or work arrangements including bare rental contract if applicable.

Loss Experience

12. (a) Give details of all paid or reserved losses for products liability including rentals that have been made against your company within the past five years, including evaluation date for each year. Attach company loss runs if available.

(b) Describe any liability claims paid or reserved in excess of \$5,000.00.

13. Current General Liability Company

Carrier: Premium:

Prior Year Carrier: Premium:

Name and Title

Signature

**If you want to learn more about the compensation Zurich pays agents and brokers visit: <http://www.zurichnaproducercompensation.com> or call the following toll-free number: (866) 903-1192. This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries.**

\*Have you enclosed equipment list, contracts, financial statements and loss runs?

LOSS SUMMARY

YEAR	NUMBER OF CLAIMS	RESERVED	PAID
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Description of Losses XS \$10,000:

INSURED

NAME AND TITLE

SIGNATURE

COMPANY LOSS RUNS MAY STILL BE REQUIRED. SUMMARIES ARE FOR QUOTING PURPOSES ONLY.