



Crane, Rigging, Millwright and Equipment Rental Application

1. Applicant Name:

a. Years in business under current name:

b. Do you currently have, or have you had in the past, a controlling interest in any other similar operations whether active, inactive or dissolved? Yes No

If yes, please describe:

c. Have you ever declared bankruptcy under this name or any other similar entity in which you have had a controlling interest? Yes No

If yes, please provide the name of each entity, and the date and jurisdiction of bankruptcy:

2. Contractor's license number: States in which you do business:

a. Have you ever or do you plan to work in New York or Colorado? Yes No

3. List all other business names & licenses applicant has used in the past 10 years:

Describe the operations:

4. Does applicant currently own/operate any other business? Yes No

If yes, provide the name of the business and percentage of ownership:

Describe the operations:

5. Prior five (5) year payroll, gross sales and subcontractor cost history

Payroll

Gross Sales

Subcontract Costs

20
20
20
20
20

12. If you are renting/leasing equipment from others, what is your annual cost? \$

13. Five (5) largest jobs performed by you within the last 3 years. Include who you worked for, description of job, heights over 5 stories & the gross sales generated from the job.

- a.
- b.
- c.
- d.
- e.

14. Are you operating in full compliance with local, state and Federal Regulations and licensing requirements.

Yes No

15. Do you have the following:

a. A formal Loss Control/Safety Plan in effect?

Yes No

b. A safety manager responsible for safety program?

Yes No

If yes, please provide the Name of Safety Manager / Phone #

c. Regular safety meetings conducted with employees?

Yes No

d. Screening or reference process for new operators?

Yes No

e. A minimum age for operators?

Yes No

What age?

f. A formal equipment maintenance program?

Yes No

g. Written equipment inspection reports?

Yes No

16. Specific to new equipment sales:

a. Are you included as an additional insured on the equipment manufacturer's products liability insurance policy?

Yes No

b. Do you offer any warranty(s) other than the manufacturer's warranty representation?

Yes No

17. Specific to used equipment sales:

a. Do you provide any warranty representation for any used equipment?

Yes No

18. Specific to equipment rental and leasing:

a. Are certificates of insurance evidencing general liability coverage required of customers?

Yes No

b. Do you require additional insured coverage on the customer's general liability policy for the customer's maintenance, use and operation of the equipment?

Yes No

c. Do you require a hold harmless from the customer?

Yes No

LITIGATION AND CLAIM INFORMATION

1. Have the Applicant and/or any of its directors, officers and/or employees, its predecessors, subsidiaries, affiliates, employees and/or any other person or entity proposed for this insurance been involved in or have knowledge or should have known of any pending or completed governmental, regulatory, investigative or administrative proceedings? Yes No

If yes, explain.

2. After inquiry have any claims been made against the Applicant and/or any of its directors, officers and/or employees, its predecessors, subsidiaries, affiliates, employees and/or any other person or entity proposed for this insurance during the past five (5) years? Yes No

If yes, how many claims have been made in the past five (5) years?

Please explain on a separate sheet and attach.

3. Does the applicant and/or any of its directors, officers and/or employees, or its predecessors, subsidiaries, affiliates, and employees have knowledge of any occurrence, bodily injury, property damage, act, error or omission which might reasonably be expected to give rise to a claim against him/her, the Applicant firm or any predecessor firm? Yes No

If yes, please provide complete supplemental Claim Information form for each.

REPRESENTATIONS

Vela Insurance Services (the Company) is authorized to make any inquiry in connection with this application, at any time. Completion and/or signing this application does not bind the Company to provide, or the Applicant to purchase, the insurance.

This application, information submitted with this application and all previous applications and material changes thereto of which the Company receives notice is on file with, the Company. The Company will have relied upon this application, the terms of this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Company, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE 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.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN 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.

AGREEMENT AND WARRANTY

I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim(s) information from any prior insurer to the Company.

Applicant:

Title:

Applicant's signature:

Date:

Agent/Broker Name:

UNDERWRITING INFORMATION

Required:

- Acord Commercial Insurance Application
- Acord Commercial General Liability Application
- Vela's Crane, Rigging, Millwright and Equipment Rental Application
- Two most recent years financial statements, Dun & Bradstreet report acceptable if statements are not available
- Five years of currently valued loss history
- Subcontractor agreements, rental agreements and job tickets used
- A schedule of all equipment including model and age
- Current crane inspection reports for all cranes 20 years or more in age
- Equipment maintenance protocol and a specimen maintenance/inspection report
- Safety programs
- Training programs
- Copies of any warranties made by applicant that are not manufacturers warranties for new and used equipment sold

**** All applications must be completed & signed by the applicant****