

Rigging, Crane, Boom, Heavy Equipment | INSURANCE QUESTIONNAIRE

Policy Effective Date: _____

Name Insured Including All Owned or Controlled Subsidiaries: _____

FEIN#: _____

DOT#: _____

Mailing Address: _____

MC#: _____

Any Filings Needed: _____

Location Address: _____

Garage Zip Code: _____ County: _____

Inspection Contact: _____

Email: _____

Phone: _____

Website: _____

Own Any Other Operations/Entities? Yes No

If YES, Please List:

Any changes in Ownership? Yes No

If Yes, describe: _____

States You Operate In: _____

Operations	Payroll	Sales
Crane Rental WITH Operator		
Bare Crane Rental		
Millwright		
Does Millwright include installation and repairs?	Yes	No
Rigging		
Steel Erection		
Does Erection include welding & fabrication?	Yes	No
Heavy Hauling		
Is Hauling in conjunction with Crane Operations?	Yes	No

Other: _____

Describe typical items lifted:

Describe typical items serviced and repaired for others:

DOES YOUR OPERATION INCLUDE WORK FOR ANY OF THE FOLLOWING

More than 5% of road and/or bridge job sites:	Yes	No
If yes, is the area blocked off to traffic and the public?	Yes	No
Work not on firm ground (i.e. barge):	Yes	No
Hot power line or hot/live utility work:	Yes	No
Demolition (other than debris removal):	Yes	No
Tandem Lifts:	Yes	No
Personnel Buckets:	Yes	No
If yes, what percentage are insured's employees?: _____%		
What types of jobs are they performing?:		
What percentage are non-employees?: _____%		
Is proof of Workers' Compensation obtained prior to job?: :	Yes	No
What types of jobs are they performing?:		
Any work in the oil fields:	Yes	No
If yes, is any work done over open wells?	Yes	No
Is any work done near active wells?	Yes	No
Any work for a gas company near explosive materials:	Yes	No
Work within 50 feet of explosive materials:	Yes	No
Work with or operate tower cranes:	Yes	No
If yes, please describe work:		
NY RISKS: Is any work performed within New York State:	Yes	No
If YES, how often:		

DO YOU LEASE, RENT, OR BORROW ANY OTHER CONSTRUCTION EQUIPEMENT

If YES, what kinds of equipment:

What is the highest value of item L, R or B:

What are the expected expenditures from L, R or B:

COMPLETE IF YOUR BARE EQUIPMENT TO OTHERS... Otherwise Click N / A

Do you verify qualifications of the operator:	Yes	No
Do you obtain a signed rental contract:	Yes	No
If yes, please provide copy for review and approval		
If no, why not?:		
Do you pre-rental inspect and test all equipment:	Yes	No
Is the above inspection noted on the rental agreement:	Yes	No
Do you obtain a certificate of insurance of equal or greater limits:	Yes	No
Do you require to be named an additional insurer:	Yes	No
Do you require renters to hold you harmless:	Yes	No
Do you keep records on file for at least 5 years:	Yes	No

COMPLETE IF YOU SUBCONTRACT WORK OUT (not if you are the subcontractor)

What percentage of work is contracted out to others: _____%

Please provide copy of Contract for review and approval

What type of work is subcontracted out: _____

Do you obtain certificates of insurance naming you an additional insured: Yes No

Do you require them to hold you harmless: Yes No

Do you verify the subcontractor has equal or greater limits than 1/1/2: Yes No

Do you keep records on file for at least 5 years: Yes No

RIGGERS (ON-HOOK) SECTION ... (if bare rental only click N / A)

What is the maximum value of an item being lifted or transported: _____

What Limit is being requested?: _____

What is the average value of an item being lifted or transported: _____

What is being lifted and/or transported valued at over \$250,000: _____

How often are items over \$250,000 lifted or transported: _____

Do you store any of the items you lift with your crane: Yes No

Do you haul any of the items you lift with your crane(s): Yes No

Do you haul only in conjunction with the crane operation: Yes No

OPERATORS/DRIVERS SECTION

How many full-time operators do you have: _____

How many part-time operators do you have: _____

How many total employees do you have: _____

Are all operators certified: Yes No

Do you check new hire MVRs: Yes No

If NO to any of the above, please advise: _____

SAFETY SECTION

Do you have specific driving requirements/acceptability: Yes No

Advise: _____

Do you have a formal loss control/safety program: Yes No

Do you perform regular safety meetings with employees: Yes No

Do you use a job ticket with contractual language for each job: Yes No

Do you use a safety checklist on equipment prior to use: Yes No

Do you maintain service records for at least 5 years: Yes No

Do inspect your slings/chains prior to each lift: Yes No

Do you inspect the rigging performed by others prior to operating: Yes No

Do you obtain actual weight of item prior to lift and record on job ticket: Yes No

Has any carrier or finance company canceled or non-renewed any Insurance policy you had within the past 5 years: Yes No

If Yes, Why : _____

Have you ever been cited by OSHA or had a reportable incident: Yes No

If yes, advise year, description and fine: _____

Are outriggers fully extended & suitable soil & ground base are checked prior to use: Yes No

Are level/boom angle indicators available and used: Yes No

Are load charts used for all lifts: Yes No

Describe communication techniques employed during lifts: _____

Procedure for crane placement near overhead power lines, including minimum OSHA required clearance: Yes No

Crews trained in emergency procedures if high voltage contact is made: Yes No

EXPERIENCE FORM

Name: _____

Certified: Yes No

Certifying Organization: _____

Operator Certification Number: _____

Certification Expiration Date: _____

Date of Birth: _____ UNION NON-UNION

Ever had a loss while driving or operating equipment: : Yes No

Describe accident(s), if any:

Valid CDL: Yes No

EXPERIENCE

YEAR TO YEAR	JOB TITLE	JOB DESCRIPTION / COMPANY

EQUIPMENT EXPERIENCE

TYPE	MODEL	CAPACITY

KELLY
INSURANCE

Please List All Operators (List Operator, Driver or Both)

NAME	DOB	DRIVER ID #	STATE	NCCO CERTIFIED	OPERATOR, DRIVER OR BOTH

Please List All Owned Equipment : LIST TRUCKS & ATTACHED EQUIPMENT SEPARATELY

YEAR	MAKE	MODEL	VIN # or Serial Number if Available (VIN Required for all Vehicles)	VALUE

KELLY INSURANCE GROUP NOTICE

By filling out this application, you understand that any insurance policy we issue will only cover boom truck and/or crane operator work. Other types of work or services will not be covered unless they are specifically added to the policy and an extra premium is paid.

You confirm that the information you've provided is true and correct. Kelly Insurance Group and the insurance company will rely on this information when deciding whether to issue a policy. Please remember that giving false information on an insurance application is considered fraud and may be a crime in some states.

Applicant's Signature: (Must Be An Owner/Officer)

Date

Applicant Name (Print):

Jonathan Holman Kelly

Producer Signature