PMC INSURANCE GROUP
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Crane & Rigging Supplemental Application
Workers' Compensation

I. APPLICANT OVERVIEW

Applicant Name: _____ FEIN #: _____

Mailing Address: Address Line 1: _____ Address Line 2: _____

City: _____ Sate: _____ Postal Code: _____

List all DBA's: _____ Website: _____ Years in Business under the present name: _____

If less than 3 years, please provide a resume of the principal's applicable experience and/or previous name(s) of the companies under same ownership.

Five Year Premium and Payroll History:

Year	Annual Payroll	Annual Premium
20____		
20____		
20____		
20____		
20____		

II. OPERATIONS

Description of Operations (check all that apply and include %):

Construction	___ %	Industrial Plants	___ %	Utilities	___ %	Oil Field/Refineries	___ %
Bridges	___ %	Steel Erection	___ %	Marine	___ %	Stevedoring	___ %
Wind Farm	___ %	Solar Panels	___ %	Other:	_____		

Is there construction performed other than scaffolding erection or dismantling? Yes No

If "Yes", please describe: _____

Construction performed other than scaffolding erection or dismantling? Yes No

If "Yes", please describe: _____

Do you rent any of your equipment with operators? Yes No

If "Yes", what is the equipment? _____

Does applicant rent or lease equipment from others? Yes No

If "Yes", what is the equipment? _____

Does applicant erect or dismantle non-owned scaffolding? Yes No

Is work performed within 50 feet of a railroad? Yes No

Does applicant perform welding? Yes No

Does management require the following of all lifts:

A policy exists requiring outriggers to be fully extended? Yes No

Crane leveled before every lift is made? Yes No

Firm foundation/steel pads under outriggers used? Yes No

All safety devices required to be operational prior to lift? Yes No

Load charts clearly posted in cab? Yes No

Please describe security procedures for crane and vehicle storage:

- Are Crane Operators NCCCO Certified: Yes No, If yes how many are certified?
- Please confirm that Crane Operations are in full compliance with State(s): Yes No
- Are all Operators licensed/certified: Yes No
- Are outriggers fully extended & suitable soil and/or ground base checked before use: Yes No
- Are mats for crawlers used? Yes No
- Are boom angle indicators available and used: Yes No
- Are professional engineers available: Yes NO

Describe any work on or adjacent to bodies of water (including dams and bridge work):

Describe any blasting/demolition and wrecking and/or mining operations:

Describe products/equipment typically lifted:

What is the average on-hook exposure?

What is the average on-hook exposure? $ _____

What is the maximum on-hook exposure? $ _____

Please list all the states where applicant has any operations: _____

III.

Operation Details	% of Work	Annual Payroll
Crane Rental with Operator		
Contractors Equipment Rental or Others		
Bridge Construction/Reconstruction		
Caisson or Coffedam Work		
Dock/Piers/Pile Driving/Jetty Breakwater Construction		
Demolition Work		
Millwright Work		
Tower Crane Operation with Operator		
Iron/Steel Erection		
Steel Fabrication		
Concrete Erection		
Rigging		
Scaffolding/Hoist Work		
Street or Road Construction/reconstruction		
Wind Tower Construction		
Work on or adjacent to bodies of water		
If yes, is there work near navigable water		
Other:		

EMPLOYEES

Total Number employees: _____ Average number of field operations employees:

Operators:_____
Oilers:_____

Is there a written accident form? Yes No

Type of employee (check all that apply):

Crane Rental (with operator) Crane Rental (without Operator) Equipment rental hoists (without operator)

Equipment rental hoists (with operator) Rental of equipment other than cranes (with operator) Sales of equipment

Heavy Hauling Millwright Warehouses Steel Erection Other: _____

Insert Operational Breakdown Table

Does applicant hire Subcontractors? Yes No If "Yes", complete the following:

What % of the total operations is subcontracted to others? ____ %

What are your annual subcontracted costs? $ _____

What type of work is subcontracted to others? _____

Do you require all subcontractors to add you onto their Workers' Compensation policy as an additional insured? Yes No

Do you require all subcontractors to contractually hold you harmless? Yes No

Are all certificates of insurance kept on file for a minimum of 5 years? Yes No

List types of contracted work: _____

Type of subcontractor agreements: Standard (AGC, AIA contracts) Custom Other: _____

Rigger Liability

Annual # of jobs? _____

Annual duration of job? _____

Of jobs in progress? _____

IV. LOSS CONTROL

Is there a formal safety or loss control plan in place? Yes No

Is there a written accident form? Yes No

Is there a Return-to-Work program in place? Yes No

Has there been an OSHA violation in the last 5 years? Yes No

If "Yes", please describe: _____

Is there a scheduled maintenance plan for equipment? Yes No Is all maintenance documented? Yes No

Are cranes certified? Yes No

If "Yes", by who and how often? _____

Does applicant use a written form for crane inspections? Yes No

Are scaffolding certified? Yes No

If "Yes", by who and how often? _____

Does applicant use a written form for scaffolding inspections? Yes No

Are Motor Vehicle Records ordered for all drivers? Yes No

Is ongoing training provided for employees? Yes No

If "Yes", please describe training and how frequent it is: _____

Is a written test, including hand signals and charting of load and radius of use, provided to all new employees by the applicant? Yes No

If "Yes", is the training documented? Yes No

Is an operational test (field test) by type of Crane given to all employees before operator is assigned that type of Crane? Yes No

Does applicant perform dual crane lifts? Yes No

If "Yes", describe coordination controls used: _____

Does applicant pre-engineer lifts? Yes No

If "Yes", who engineers the lift? _____

Describe how load weights are determined and by whom:

I hereby certify that the aforementioned information enclosed in the application form and any additional information which has been enclosed with the application is true and accurate to the best of my knowledge, and I further understand and agree that any policy will be issued in reliance upon the representation made herein.

Name of Person Signing (please type or print)	**Signature**	**Date**