



Inland Marine Basic Application

Complete this page or ACORD 125.

Attach application for appropriate line(s) of coverage.

PRODUCER INFORMATION

Agency Name:			
Address:			
City:			
State:		Zip:	
Producer Code:		Submitted by:	
(six digits)		Phone Number:	

APPLICANT INFORMATION

First Named Insured:			
Address:			
City:	ST:	Zip:	
Years...	... at this location	... in this business	
Attachments?	Additional named insureds?	<input type="checkbox"/> Y <input type="checkbox"/> N	Loss payees & addresses? <input type="checkbox"/> Y <input type="checkbox"/> N
Action:	<input type="checkbox"/> Quote	<input type="checkbox"/> Issue	Bound (date, time effective):
Billing:	<input type="checkbox"/> Agency	<input type="checkbox"/> Direct	Payplan:
Do you presently write this account?	<input type="checkbox"/> Y <input type="checkbox"/> N	How long have you known applicant?	
Present Carrier:		Premium/Rate:	
Desired Effective Date:		Desired Expiration Date:	
Any other insurance with this Company or being submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, identify under "Remarks"	
Describe Operations:			
Gross Annual Sales:	\$		
Any policy/coverage declined, cancelled or non-renewed in past 3 years? (Not applicable in MO)	<input type="checkbox"/> Y* <input type="checkbox"/> N	If so, for what reason?	
Has applicant ever filed bankruptcy or reorganization?	<input type="checkbox"/> Y <input type="checkbox"/> N	Date:	Court:
For Inspection, contact (name, phone number):			

LOSS HISTORY (past 5 years)

Lctn #	Date	Amount Pd.	Open Clm?	Deductible	Cause of Loss	Prevention Implemented
			<input type="checkbox"/> Y <input type="checkbox"/> N			
			<input type="checkbox"/> Y <input type="checkbox"/> N			
			<input type="checkbox"/> Y <input type="checkbox"/> N			
			<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/> No losses in the past 5 years.				<input type="checkbox"/> More loss history on attached pages? <input type="checkbox"/> Y <input type="checkbox"/> N		

REMARKS

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Any person who knowingly and with intent to defraud any insurance company or other 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 act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for such violation.

Applicant Signature, Date:

Producer Signature, Date:

F. 170 (6/97)



Contractors Equipment

Please attach to Basic App or ACORD 125.

COVERAGE SELECTIONS

- **Form** (select one) Scheduled Form* Schedule on file with Company* Automatic Acquisition**
 * 80% coinsurance. ** Automatic Acquisition has a 90% coinsurance clause. Requires additional schedule at policy expiration or anniversary with premium adjustment based on average of both schedules.
- **Schedule Attached**
- **Deductible** % of amount of insurance on item(s) lost or damaged **OR** \$
- **Catastrophe Limit** \$
- **Valuation:** ACV (Actual Cash Value) RC (Replacement Cost - all items less than 10-years old)
 SA (Stated Amount)
 PL (Partial Loss - No deduction for depreciation on specified equipment less than 10 years old when loss is 20% or less of the amount of insurance.)

OPTIONAL COVERAGES

- Equipment Leased/Rented or Borrowed from Others** (for less than 12 months)
 - Limit: Any 1 Crane \$ Any other item \$ Aggregate \$
 - Deductible: \$ Reporting **OR** Non-Reporting
 - Cost of Leasing: \$ (in last 12 months) Average time period rental
 - Type of equipment leased:
 - Total values of equipment borrowed (on average at any one time): \$
 - Type of equipment borrowed:

- Leased or Rented Equipment - Continuing Expense Coverage**
 - Limit: Per Month \$ Per Year \$

- Employee Tools** - Deductible (If different): \$
 - Limit: All Emp.s' Tools: \$ Any 1 Emp.'s Tools: \$

- Waterborne Coverage** - Deductible (If different): \$
 - Apply to: All items Items noted on schedule Items leased/rented from others.
 - Limit: Per Item: \$ Per Loss: \$

- Underground Coverage** - Deductible (If different): \$
 - Apply to: All items Items noted on schedule Items leased/rented from others.
 - Limit: Per Item: \$ Per Loss: \$

- Lift Exceeding Capacity Coverage**
 - Apply to: All items Items noted on schedule Items leased/rented from others.

- | | Limits | | Waiting Period
(minimum 3 days) |
|---|-----------------------------|-----------------------------|------------------------------------|
| | Monthly | Total | |
| <input type="checkbox"/> Extra Expense | \$ <input type="checkbox"/> | \$ <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Loss of Business Income | \$ <input type="checkbox"/> | \$ <input type="checkbox"/> | <input type="checkbox"/> |
- Apply to: All items Items noted on schedule

- Rental Expense of Substitute Equipment Coverage**
 - Limit: Per Day: \$ Per Year: \$
 - Waiting Period (min. 3 working days): days

- Watercraft under 26'** Describe:

- Contractors Plus Endorsement** (low limits coverage for borrowed equipment, equipment leased/rented to others, continuing rental expense, rental expense of substitute equipment, removal expense, etc...)

Maximum Values: At Yard/ Storage Site: \$ At Any One Jobsite: \$

BUSINESS PRACTICES

	Yes	No	
- Any cranes owned or leased? (If yes, complete supplemental application) _____	<input type="checkbox"/>	<input type="checkbox"/>	* Please clarify this response on a separate sheet.
- Any <u>crane</u> operators with less than 500 hours of experience? _____	<input type="checkbox"/>	<input type="checkbox"/>	
- Is any <u>blasting</u> performed? _____	<input type="checkbox"/>	<input type="checkbox"/>	
- Equipment <u>inspected and serviced</u> regularly? _____	<input type="checkbox"/>	<input type="checkbox"/>	
- Is equipment left at jobsite <u>overnight</u> ? _____	<input type="checkbox"/>	<input type="checkbox"/>	
- Are <u>drug and alcohol</u> tests conducted:			
- Before hiring an employee? _____	<input type="checkbox"/>	<input type="checkbox"/>	
- Randomly on all current employees? _____	<input type="checkbox"/>	<input type="checkbox"/>	
- Job <u>training</u> required and provided? _____	<input type="checkbox"/>	<input type="checkbox"/>	

How is equipment transported?

Who is responsible for loss or damage to equipment in transit?

Equipment is typically stored at:

If stored in building, describe construction & security:

Describe Security at Yard:

Describe Security at Jobsite(s):

SCHEDULE

Item #	Year	Manufacturer/ Model #	Description, Serial No., & accessories to insure	Limit of Insurance	Valuation*	WC, UG, Lift**
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
- Blanket on miscellaneous tools and equipment excluding any single item valued at more than \$ <input type="text"/>				\$ <input type="text"/>	<input type="text"/>	<input type="text"/>

- How were these values determined? (Accurate, current values are needed to avoid coinsurance penalties.)

* **Indicate valuation only if more than one valuation applies.** See page 1 of the app for definitions and abbreviations of valuation options. *Note:* Not all valuation options are available for all pieces of equipment.

** Identify any items with Waterborne Coverage (WC), Underground Coverage (UG), of Lift Exceeding Capacity Coverage (Lift).

1. BOOM LENGTH:

2. SERIAL NUMBERS:

3. YEAR MANUFACTURED

4. HYDRO OR NON-HYDRO MODEL

5. DESCRIBE EMPLOYMENT PROCEDURES FOR CRANE OPERATORS

6. HOW DOES MANAGEMENT CONFIRM A NEW OPERATOR'S SKILLS? (Certification required?)

7. DOES A POLICY EXIST REQUIRING OUTRIGGERS TO BE FULLY EXTENDED AND CRANE LEVELED BEFORE ANY LIFTS ARE MADE? Yes No

IF NOT, WILL MANAGEMENT INITIATE THIS PROCEDURE? Yes No

8. DESCRIBE HOW LOAD WEIGHTS ARE DETERMINED AND BY WHOM.

9. ARE LIFTS PRE-ENGINEERED? Yes No

WHO ENGINEERS LIFTS?

10. ANY DUAL CRANE LIFTS PERFORMED? Yes No

Yes No

IF YES, DESCRIBE COORDINATING CONTROLS USED:

11. DOES MANAGEMENT REQUIRE THE FOLLOWING FOR ALL LIFTS?

- > FIRM FOUNDATION/PADS UNDER OUTRIGGER FEET? Yes No
- > "RUBBER" OFF THE GROUND? Yes No
- > CRANE LEVELED? Yes No
- > CRANE BOOM ANGLE INDICATOR OPERATING? Yes No
- > MATS FOR CRAWLER CRANES USED WHEN NECESSARY? Yes No
- > BOOM-STOP EQUIPPED WITH CUT-OFF SWITCH? Yes No
- > CUT-OFF SWITCH OPERATIONAL? Yes No
- > LOAD CHARTS CLEARLY POSTED IN CAB? Yes No

IF NOT WHERE ARE THEY LOCATED?