

(Less than \$500,000 revenues)

In order to develop competitive pricing options all questions must be answered completely and all attachments must be received promptly. **NOTE:** If you write "see attached" you will not receive a quotation.

1. **Retail Producer Company:** _____ **Date:** _____

2. **Name of Applicant:** _____

Address _____

3. **Line(s) of business submitted:** Inland Marine General Liability

4. **Primary states/provinces in which applicant's business is conducted:** _____

5. Provide an estimated breakdown of payroll and gross receipts as outlined below:

	<i>Annual Payroll</i>	<i>Annual Gross Receipts</i>
(a) Crane Rental with operator	\$ _____	\$ _____
(b) Crane Rental without operator	\$ _____	\$ _____
(c) Other Equipment Rental ^(*1) (describe below)	\$ _____ (if applicable)	\$ _____
(d) Rigging when done as a separate operation from any of the above operations.	\$ _____ (mandatory)	\$ _____
(e) Millwright work, include installation, and repair of machinery and/or equipment.	\$ _____ (mandatory)	\$ _____
(f) Sales of equipment ^(*2) (describe below)	\$ _____	\$ _____
(g) Any other operations ^(*3) (describe below)	\$ _____ (if applicable)	\$ _____

(*1)

(*3)

6. **Describe products/equipment typically lifted by applicant:** _____

(a) What is the average on-hook exposure? \$ _____

(b) What is the maximum on-hook exposure? \$ _____

7. **Describe industries that provide a large percentage of applicant's work, i.e., Utilities, Oil Field, Refineries, Bridges, Commercial Construction, Industrial Plants, Stevedoring, etc.** _____

8. **Does the applicant lease or rent equipment from others?** YES NO
(a) If so, what type of equipment? _____
(b) What are the average expenditures for equipment leased or rented from others? \$ _____

9. **Operators and oilers are:** Union Non-Union
Number of : Operators _____ Oilers _____ All other employees _____

10. Loss Control and Maintenance

- (a) Is a written loss control and job site safety plan updated regularly? YES NO
- (b) Is one employee responsible for safety program? YES NO
If yes, name _____
- (c) Are weekly safety meetings held with field employees? YES NO
- (d) Is there a screening or reference process for new operators? YES NO
- (e) Is there a minimum age for operators? YES NO
If yes, what age? _____
- (f) Is there a schedule maintenance program? YES NO
- (g) Is there a written form for crane inspections which is kept on file? YES NO
- (h) Are cranes certified: YES NO
If so, how often and by whom? _____

- (i) Are operators certified? YES NO
Certification Company: _____
- (j) Are Certificates of Insurance required from lessees on bare rentals? YES NO
- (k) Do you order MVR's on all drivers/operators? YES NO

11. Attachments:

- ⇒ Schedule of all owned equipment for leasing and rentals Attached? Yes No
- ⇒ Currently valued loss runs Attached? Yes No
- ⇒ List of equipment with values Attached? Yes No
- ⇒ Copy of rental contracts and related work agreements, including long-term/short-term Attached? Yes No
- ⇒ Details and full amount of each loss paid or reserved in excess of \$25,000. Attached? Yes No
- ⇒ Details of all open losses. Attached? Yes No

12. **Loss Experience**

Currently Valued Loss History, "Ground-Up" Past Four Years, 100% Amount of Incurred Losses.

General Liability

Policy Period	#Claims	Paid	Reserved	Incurred	Valuation Date
Current Year					
1 st Prior Year					
2 nd Prior Year					
3 rd Prior Year					

Expiring Premium: _____

Inland Marine/Equipment

Policy Period	#Claims	Paid	Reserved	Incurred	Evaluation Date
Current Year					
1 st Prior Year					
2 nd Prior Year					
3 rd Prior Year					

Expiring Premium: _____

14. **Describe *what it will take* to write this account and additional terms and conditions needed:**

Any offer of insurance is based upon the information contained within this supplemental application and subsequent attachments. The Company reserves the right to re-underwrite or rescind any offer or policy of insurance based upon any additional information obtained. The Producer further warrants the information contained within this supplemental application and any subsequent attachments.


Retail Producer

Branch Office (if any)

Producer Signature

Date

Western Pacific Insurance Network, Inc.
10397 W. Centennial Road, Suite 250, Littleton, CO 80127
303.904.3777 Phone 303.933.4500 Fax 866.904.3777 Toll Free
www.wpininc.com

	One South Wacker Drive, Suite 2910, Chicago, Illinois 60606 Phone: (312) 795-1040	Fax: (312) 795-1050	Website: www.SpecialRiskServices.com
	Managing General Underwriters for the Heavy Equipment Insurance Industry		