

1. Name of Applicant: _____

2. Mailing Address: _____

3. How long has the Applicant been in business? _____

4. During the past five years has the name of the applicant been changed or has any other business been purchased or have any mergers or consolidations taken place (please check): Yes No
 If yes, give full details: _____

5. Geographic area of operations: _____

6. Provide an estimated breakdown of gross receipts and payroll for the following categories:

	Payroll	Gross Receipts
a. Millwright work including machinery	\$ _____	\$ _____
b. Crane rental – with operator	\$ _____	\$ _____
c. Bare crane rental	\$ _____	\$ _____
d. Heavy hauling	\$ _____	\$ _____
e. Steel Erection	\$ _____	\$ _____
f. Rigging if done as a complete and separate operation from any of the above	\$ _____	\$ _____
g. Other (describe) _____	\$ _____	\$ _____

7. Please state the Average "On Hook" values: _____

8. Please state and **describe** the Maximum "On Hook" values: _____

9. Does any one contract, client, or industry group represent more than 25% of annual work? Yes No
 If yes, please give details: _____

10. Does the Applicant rent equipment other than cranes? Yes No
 If yes, list equipment and the revenues with and without operators:

Equipment	Revenues With Operators	Revenues Without Operators
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

11. Loss Control and Maintenance

Does the Applicant:

- a. Have a formal loss control or safety program? Yes No
- b. Have a designated officer, manager or employee responsible for the safety program? Yes No
- c. Hold regular safety meetings with employees? Yes No
If Yes, how often? _____
- d. Have a specific screening process for new operators? Yes No
If Yes, attach a description.
- e. Have a minimum age for operators? Yes No
If Yes, the age is: _____
- f. Have a scheduled maintenance program? Yes No
- g. Have a specific written form which is followed for all crane inspections? Yes No
If Yes, attach a copy.
- h. Have and follow a specific accident report form? Yes No
If Yes, attach a copy.
- i. Have all cranes certified? Yes No
If Yes, How often: _____
and by whom are they certified: _____
- j. Require Certificates of Insurance with leases for bare rentals? Yes No
- k. Order MVR's on all drivers? Yes No
- l. Ever perform repair or inspection services on other companies' cranes? Yes No
If Yes, attach a detailed explanation.

12. Are all cranes equipped with load monitoring devices that force the crane to automatically shut down if a load is deemed to be "unsafe" (e.g. unbalanced, exceeds the crane's maximum lifting capacity, etc.)? Yes No

13. General Liability Insurance:

Current Carrier: _____ Expiration Date: _____
Limits: _____ SIR: _____ Premium: _____
Prior Year Carrier: _____ Expiration Date: _____
Limits: _____ SIR: _____ Premium: _____

Attachments:

- **Copy of rental contracts or work agreements, including bare rental contracts, if applicable**

The applicant represents that the above statements and facts are true and that no material facts have been omitted or misstated.

APPLICANT _____ DATE: _____
(signature of officer of corporation)

APPLICANT _____
(print name & title)

BROKER _____ DATE _____
(print name of firm)

(address of brokerage firm)

(contact person & telephone number)

(agent license number)