

MILLWRIGHT AND RIGGERS APPLICATION

Applicant Name and address:

Agent:

Location Address: _____
 (If more than one location attach separate sheet)

Web Site Address: _____

Inspection (Contact/Phone): _____

Proposed Policy Period: From: _____ To: _____

INDIVIDUAL CORPORATION PARTNERSHIP JOINT VENTURE OTHER: _____

LIMITS

Occurrence Form:

General Aggregate	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury	\$
Each Occurrence	\$
Damage to Premises Rented or Leased to You	\$
Medical Expense (any one person)	\$

UNDERWRITING

Years in Business? _____ Years of Experience in this field? _____

State nature of your business / Description of operations / Occupancy by location: _____

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Yes	No	EXPLAIN ALL "YES" RESPONSES	Yes	No
1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>	7. Any parking facilities owned or rented?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is a formal safety program in operation?	<input type="checkbox"/>	<input type="checkbox"/>	8. Do you lease employees to or from other employers?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any operations sold, acquired, or discontinued in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	9. Participation in trade shows, exhibits or conventions?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any exposure to flammables, explosives or chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	10. Recreation facilities provided?	<input type="checkbox"/>	<input type="checkbox"/>
5. Machinery or equipment loaned or rented to others?	<input type="checkbox"/>	<input type="checkbox"/>	11. Sporting or social events sponsored?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous material; e.g., landfills, wastes, fuel tanks, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	12. Any structural alterations contemplated?	<input type="checkbox"/>	<input type="checkbox"/>
			13. Any demolition exposure contemplated?	<input type="checkbox"/>	<input type="checkbox"/>
			14. Any watercraft, docks or floats owned, hired or leased?	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	GROSS ANNUAL SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES	Yes	No	EXPLAIN ALL "YES" RESPONSES	Yes	No
1. Does the applicant install, service or demonstrate products?	<input type="checkbox"/>	<input type="checkbox"/>	6. Products recalled, discontinued or changed?	<input type="checkbox"/>	<input type="checkbox"/>
2. Foreign products sold, distributed, used as components?	<input type="checkbox"/>	<input type="checkbox"/>	7. Products of others sold or re-packaged under applicant's label?	<input type="checkbox"/>	<input type="checkbox"/>
3. Research and development conducted or new products planned?	<input type="checkbox"/>	<input type="checkbox"/>	8. Products under label of others?	<input type="checkbox"/>	<input type="checkbox"/>
4. Guarantees, Warranties or Hold Harmless Agreements?	<input type="checkbox"/>	<input type="checkbox"/>	9. Vendors' coverage required?	<input type="checkbox"/>	<input type="checkbox"/>
5. Products related to aircraft / space industry?	<input type="checkbox"/>	<input type="checkbox"/>	10. Any structural alterations contemplated?	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.

1.

Enter the % of the risks operation which falls into each of the following categories	
Fabrication of structural steel-load bearing for conventional steels structures, complex steel structures and major steel bridges.	%
Installation, dismantling, disassembly, repair and/or replacement of machinery or equipment (millwright).	%
Lifting and positioning machinery or equipment using a crane, gantry or the boom of a fork lift (rigging).	%

2.

Does the insured perform any steel erection work for conventional steel structures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what % of the risk's operations?	%	

3.

Does the applicant have the following controls in place for their steel erection operations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A documented and enforced fall protection/steel erection program including:		
Ladder & scaffold inspection program, including training.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
An OSHA Competent Scaffold Person inspecting all scaffolding before use.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Procedure for crane placement near overhead powerlines, including a minimum clearance of 17 feet.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Crews trained in emergency procedures if high voltage contact is made.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Spotter always used during crane set-up.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rigging and connecting crews provided with appropriate PPE(personal protective equip).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Quality control procedures with structural steel bracing strategy.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Architectural and field/shop plan changes communicated and documented.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4.

Does the applicant perform any of the following operations:		
Steel erection over three stories.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Steel erection work for complex steel structures or major steel bridges.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Crane rental (with or without operators) greater than 5% of total operations.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tank fabrication or construction.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Use of air cranes, including helicopter lifts.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4. Continued

Use of water rigs used in water for water lifts.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dam work, cofferdams or caison building.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Subway or tunnel construction.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Professional design.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Erection of transformers or poles, or installation of transformers outside of buildings.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any PCB exposure.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Millwright installation or maintenance of central station equipment or oil/gas burners.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Inspection of cranes for others.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asbestos or lead work.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5.

Does the applicant perform any of the following operations:		
Use of lift systems like robocranes, twinlifts or climbing tower cranes.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Chemical/petrochemical or oil/gas well work.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Subcontracting to other more than 25% of total operations.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Use of derricks.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Incidental work on bridges or bridge work where only incidental USL&H exists (No Jones Acts exposure).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dual crane lifts.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any operation with leased employees. If yes provide copy of contract.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Equipment rental to others with operator or without in excess of 15% of annual receipts.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Operations requiring Riggers Liability limits higher than \$500,000.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hauling over 100 miles.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

6.

Does the applicant subcontract any steel erection work. If yes:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the applicant use standard subcontract (AGC, AIA contacts).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does applicant obtain Certificates of Insurance from all subcontractors.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the applicant named as an additional insured on all subcontractors' policies.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the applicant use written subcontractor agreements containing hold harmless/indemnity agreements in favor of the risk.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the applicant restrict the use of uninsured contractors.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the applicant have a Subcontractor evaluation program.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

DESCRIBE THE TYPE OF WORK & PERCENT SUBCONTRACTED.

7.

Are all shop drawings approved by the Engineer of Record	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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8.

Does the applicant have an architect or engineer on staff?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, does the applicant carry professional liability insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No, does the applicant require that the architect or engineer carry their own professional liability insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a journeyman millwright on the jobsite at all times?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What type of training is required of employees? Describe:		

CONTRACTUAL LIABILITY

**DESCRIBE ALL HOLD HARMLESS AGREEMENTS INCLUDE : DATES, CONTRACTING PARTY, COST
(PLEASE ATTACH COPIES)**

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

NAME AND ADDRESS:	INTEREST REQUIRED INFORMATIN	ADD'L INS'D.
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Describe your last three jobs.
