

**Red Shield Insurance Company®**

1411 SW Morrison St, Ste 400
 Portland, Oregon 97205
 800-527-7397 • Fax 800-742-5176

RIGGERS LIABILITY APPLICATION

Policy No.	Proposed Effective and Expiration Date From: To:	Status of Submission <input type="checkbox"/> Quote <input type="checkbox"/> Bind <input type="checkbox"/> Issue	Agent Code
Applicant's Name		Agent Name	
Business Name / DBA		Agent Address	
Mailing Address			
		Agent's Phone No.:	
Applicant's Phone No. Home: Work:		Have you insured this account before: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant Social Security #	Applicant's Occupation / DBA	Billing Status: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill (Direct Bill requires full premium or installment plan down pmt)	
Years in Business	Years of Experience	Company Installment Plan Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, <input type="checkbox"/> 8 Pay <input type="checkbox"/> 10 Pay (20% Down Payment Required)	
Business Description:		Accounting Records Name: Contact Phone:	
Type of Business <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Other		Inspection Records Name: Contact Phone:	

COVERAGE INFORMATION

Limit, any one project:	Limit, any one catastrophe:
Limit, property in storage:	Limit, property in transit:
Deductible:	Frequency of Reporting: <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

PROVIDE RIGGING INFORMATION AS FOLLOWS:

YEAR	ANNUAL GROSS RECEIPTS	ANNUAL NUMBER OF JOBS	AVERAGE / MAXIMUM VALUES
			/
			/
Prior 12 months			/
Next 12 months (anticipated)			/
Operating Territory		Average duration of project (days)	
Number of jobs performed annually		Minimum/maximum number jobs in progress, any one time	/
Average height of lift		Maximum height of lift	
Average values, any one project		Maximum values, any one project	

Describe items typically hoisted, lowered, loaded/unloaded, rigged, or on hook:		
Where is property located when not at jobsite?		
What are the average and maximum values in storage at any one time?	Average	Maximum
How is property transported from storage to jobsite: <input type="checkbox"/> Common Carrier <input type="checkbox"/> Contract Carrier <input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Owned Vehicles		

PROVIDE OPERATOR INFORMATION AS FOLLOWS:

Total Number of Operators		Avg. Length of Service	
Minimum Years Experience		Maximum Years Experience	
Are operators certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency of recertification	
Are any operators leased?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is any equipment leased?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROVIDE EQUIPMENT INFORMATION AS FOLLOWS:

Maintenance program	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency of inspections	
Written operational instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety or training programs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accident investigation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Daily equipment check sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No
Load Moment Indicators	<input type="checkbox"/> Yes <input type="checkbox"/> No	Boom Angle Indicators	<input type="checkbox"/> Yes <input type="checkbox"/> No
Load Charts Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	Max. Load Capacity Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wind Gusts Exceeding Safe Limit Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No			
Maximum lifting capacity and length of boom of largest crane:		Tons	Feet

PRIOR/CURRENT INSURANCE COMPANY INFORMATION

TYPE OF COVERAGE	CARRIER	FROM	TO	PREMIUM

Has any company ever cancelled, declined, or refused to rewrite or renew any insurance policy for you? Yes No

If YES, explain:

Explain any periods when insurance was not in place:

How long has current management operated business? Years

PRIOR LOSS INFORMATION (Enter all losses, insured or uninsured, occurring during the past 5 years, which would have been recoverable under this type of insurance)

Date of Loss	Carrier	Loss Amount	Open (O) Closed (C)	Description of Loss	Deductible	Amount Paid

ATTACH SEPARATE SHEET OR COMPANY LOSS RUNS IF ADDITIONAL SPACE IS NEEDED

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

This notice is to inform you that in connection with this application for insurance an investigation may be made as to your insurability including, if applicable, information as to character, general reputation, and finances. Upon written request from you, we will provide additional information as to the nature and scope of any investigation.

APPLICANT'S SIGNATURE _____ Date _____

The undersigned Producer agrees to be responsible for any earned premiums developed from the binding of this application. Producer has reviewed this application fully with the applicant and, to the best of the producers ability, is confident that all information given is truthful.

PRODUCER'S SIGNATURE _____ Date _____

****COPY OF STANDARD INSTALLATION / RIGGING CONTRACT MUST ACCOMPANY APPLICATION****