

	James River Insurance Company and its Subsidiaries 6641 West Broad Street, Suite 300 Richmond, VA 23230	Crane, Millwright, and Riggers Supplemental Application Energy
		ENERGY Division Email to EG@jamesriverins.com or, Fax to 804-420-1054
APPLICANT'S INSTRUCTIONS: <ol style="list-style-type: none"> 1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded. 2. THIS APPLICATION MUST BE COMPLETED AND SIGNED BY THE OWNER, PARTNER, OR OFFICER OF THE COMPANY AND WILL FORM A PART OF THE POLICY, IF ONE IS ISSUED. 3. Please read the statements at the end of this application carefully. Thank you! 		

CRANE, MILLWRIGHT, AND RIGGERS SUPPLEMENTAL APPLICATION

APPLICANT INFORMATION

- A. Name of applicant: _____
- B. Is Named Insured status requested for any other entities? Yes No
 If "Yes", attach a list.
- C. Operations – please check all that apply:
- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Crane work | <input type="checkbox"/> Millwright work |
| <input type="checkbox"/> Rigging | <input type="checkbox"/> Other _____ |

PRODUCT/COMPLETED OPERATIONS

- A. Enter the % of your operation which falls into each of the following categories:
1. Fabrication of structural steel-load bearing for conventional steel structures, complex steel structures, and major steel bridges: _____ %
 2. Installation, dismantling, disassembly, repair and/or replacement of machinery or equipment (millwright): _____ %
 3. Lifting and positioning of machinery or equipment using a crane, gentry, or the boom of a fork lift (rigging): _____ %
- B. Indicate the percentage of the gross revenue (projected for the next 12 months and actual for the past 12 months) to be generated from each of your operations:

Description of Operations	Revenue %	
	Projected	Actual

C. Indicate the percentage of these operations in your work:

- | | | | |
|--|---------|---------------------------------------|---------|
| <input type="checkbox"/> Pipeline Construction | _____ % | <input type="checkbox"/> Construction | _____ % |
| <input type="checkbox"/> Industrial Plants | _____ % | <input type="checkbox"/> Marine | _____ % |
| <input type="checkbox"/> Stevedoring | _____ % | <input type="checkbox"/> Oil Field | _____ % |
| <input type="checkbox"/> Refinery/Petrochemical Facility | _____ % | <input type="checkbox"/> Utilities | _____ % |
| <input type="checkbox"/> Other (describe) | _____ % | | _____ % |
-

D. Complete tables below:

1.

Jobs				Cost for Each (on hook) Installation, \$	
Number per Year	Usual Duration	Number in Progress		Max	Min
		Max	Min		

2.

Number of Cranes		
Cranes Owned	Cranes Rented	
	With Operator	Without Operator

E. Do you have a Rental Agreement/Contract? Yes No
 (If "Yes", provide a copy):

F. List three major jobs performed/completed in the past 12 months.

G. Do you use of air cranes, including helicopter lifts? Yes No

H. Do you use lift systems such as robo-cranes, twinlifts, and/or tower cranes? Yes No

I. Do you perform dual crane lifts? Yes No

J. Do you operate water rigs? Yes No

K. Do you have offshore exposure? Yes No

L. Do you remove underground tanks? Yes No

M. Do you inspect cranes/rigs/millwrights jobs and/or other equipment for others? Yes No

N. Do you perform any maintenance work on equipment of others? Yes No

(If "Yes", describe work performed and indicate revenue generated from these operations.)

RENTAL OPERATIONS

A. Do you rent cranes/equipment to others? Yes No

(If "Yes", provide details in the table below.)

Cranes/Equipment		Revenue, %
With Operator	Without Operator	

B. How do you maintain your cranes/equipment rented to others?

C. Do operators have instructions/authority to stop work due to unsafe work conditions? Yes No

SUBCONTRACTORS

A. Do you subcontract any steel erection work? Yes No

B. What are your criteria for selecting subcontractors?

C. Do you supervise, or exercise any influence and/or control over subcontractors? Yes No

D. Do your subcontractors carry insurance coverage and/or limits equal to yours? Yes No

E. Are you held harmless under contracts with your subcontractors?
(Attach copies of applicable documents) Yes No

F. Are you an Additional Insured on your subcontractors' policies? Yes No

G. Do you obtain a Waiver of Subrogation from your subcontractors' insurance carriers? Yes No

H. How do you verify D., E., F. & G. above?

QUALITY CONTROL/SAFETY PROCEDURES

A. What are your QC/QA procedures? Provide copies of applicable documents.

B. Do you have and enforce a formal loss or safety program? Yes No

C. Do you have and enforce fall protection/steel erection programs, including the following:

1. Ladder and scaffold inspection program, including training Yes No

2. Procedure for crane placement near overhead powerlines, including a minimum clearance of 17 feet Yes No

3. Crews trained in emergency procedures, in case of contact with high voltage Yes No

4. Spotter is always used during crane set-up Yes No

5. Rigging and connecting crews are provided with appropriate PPE (personal protective equipment) Yes No

6. Other _____

D. How do you document programs asked in part C, above?

E. Do you have scheduled maintenance program? Yes No

F. Do you have a written form for crane inspection? Yes No

G. Are your cranes certified? Yes No

If "Yes", indicate how often and by whom: _____

H. Do you modify or change equipment? Yes No

I. What type of training is required of employees? Indicate whether training is given on an on-going or annual basis.

J. Do you give a written test including hand signals, charting of load, and radius of use to all new employees? Yes No

K. Do you frequently assign the same crane to the same operator whenever possible? Yes No

L. Is an operational (field) test by type of crane given to all employees before an operator is assigned to that type of crane? Yes No

M. Does the equipment have an alarm device detecting:
1) Maximum load capacity Yes No
2) Wind gusts exceeding safe limit? Yes No

N. Is there a journeyman millwright on a jobsite at all times? Yes No

O. If renting to others, do you offer training in the use of equipment? Yes No
If "Yes", indicate whether you certify the trainees:

P. Are all site supervisors and operators bilingual? Yes No

ADDITIONAL INSURANCE INFORMATION

A. Describe your pre-employment hiring practices:

B. What is your Workers Compensation Experience Modifier? _____

C. Do you have an architect and/or engineer on staff? Yes No
If "Yes", do you carry Professional Liability insurance? Yes No

D. Does your auto coverage cover the "over the road" exposure for the crane(s)? Yes No

- E. Are you aware of any incident, condition, circumstances, defect and/or suspected defect in any product/work, which may result in a claim or claims against you that are not listed in the Energy General Liability Application? Yes No
 If "Yes", please explain:

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

In New York: 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 insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company and its Subsidiaries, 6641 West Broad Street, Richmond, VA 23230.

Applicant's Name:	Signature
Title:	Date: