



Commonwealth
Underwriters Ltd.

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MOVING AND RIGGING APPLICATION

Name of Applicant: _____

Mailing Address: _____

Contact Name: _____ Telephone: _____

Location Address: _____

Years in Business: _____ Policy Term: _____ to _____

Description of Operations: _____

Insured is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture.

Type of items lifted (on hook) _____

Maximum Value of item being lifted _____

Minimum Value: _____ Average Value: _____

Annual Moving & Rigging Gross Receipts _____

Minimum number of years of experience required for an equipment operator? _____

What is the average number of years of experience for your equipment operators? _____

Total number of operators _____

Do you lease operators? () Yes () No

What type of equipment do you use to lift the items? _____

List equipment rented with operator: _____

List equipment rented without operator: _____

Does one or a few industries provide a large percentage of your work? () Yes () No

If yes, please describe:

Do you frequently assign the same crane to the same operator whenever possible?

() Yes () No

Does equipment have an alarm device detecting maximum load capacity? () Yes ()

No

Wind gusts exceeding safe limit? () Yes () No

Annual number of Rigging jobs: _____

Usual duration of jobs: _____

Maximum number of jobs in progress at one time: _____

Minimum number of jobs in progress at one time: _____

Load Capacity of Insured's cranes: Maximum _____
Minimum _____; Average Load _____

Height of Lift: Maximum _____
Minimum _____; Average Height: _____

Any Wet Marine exposure? () Yes () No
If yes, please describe:

Loss Control and Maintenance:

- A. Formal Loss or Safety Program? () Yes () No
B. Scheduled Maintenance Program? () Yes () No
C. Written form for crane inspection used? () Yes () No
D. Are Cranes certified? () Yes () No
E. Has equipment been modified or changed by insured? () Yes () No
F. Are Certificates of Insurance required from lessees on bare rentals? () Yes () No
G. Do you order Motor Vehicle Reports on all drivers? () Yes () No

Losses past 3 years: Date of Loss Details

Attach the following:

- A. Equipment Schedule () Attached () To Follow
B. Copy of Rental Contract:
 With Operators () Attached () To Follow
 Bare Rentals () Attached () To Follow
C. List of major jobs in past 12 months () Attached () To Follow

This application does not constitute a binder and insurance shall only become effective as of the date advised by the company.

The Applicant agrees that the statements contained in this proposal are true and that, if insurance is affected, material misrepresentation or concealment of any information voids this insurance.

Applicant's Signature

Date

Agent's Signature

Date