

Agent Name \_\_\_\_\_  
 and Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

## Crane Rental Supplemental Application

 Proposed Effective Date \_\_\_\_\_  
 Applicant Name (Legal) \_\_\_\_\_ Applicant Name (DBA) \_\_\_\_\_  
 Web Address \_\_\_\_\_ Phone \_\_\_\_\_

Advise if crane is rented with or without operator: \_\_\_\_\_

 Advise experience of operators in this field: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Crane Make & Model	Tonnage	Lift Capacity	Boom Length	Jib Length

 Is there any waterfront work?  Yes  No

If yes, please explain: \_\_\_\_\_

 Any permits or certificates needed?  Yes  No

Breakdown by percent the usual operations of the insured into the following categories:

Demolition _____ %	Structural steel or building erection _____ %
Wrecking ball _____ %	Street / Highway / Bridge construction _____ %
Pile driving _____ %	Lifting of machinery / equipment into trucks, onto building _____ %
Excacation _____ %	Other, describe: _____ %

Advise if any other operations: \_\_\_\_\_

 Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FRAUD NOTICE**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**STATE SPECIFIC PROVISION**

**Ohio** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Pennsylvania** 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 subjects such person to criminal and civil penalties.

**West Virginia** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**I DECLARE THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE**

**The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.**

Applicant \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

Producer \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_