



# Red Shield Insurance Company®

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## RIGGERS LIABILITY APPLICATION

Clear Form

### APPLICANT INFORMATION

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.:			
				Have you insured this account before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Applicant's Phone No. Home: Work:		Billing Status: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill (Direct Bill requires full premium or installment plan down payment)					
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)					
Inspection Records Name: Contact Phone:		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							

### 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	

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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 <span style="margin-left: 150px;">Maximum</span>
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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If YES, explain:				
Explain any periods when insurance was not in place:				
How long has current management operated business?		Years		

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**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 producer's ability, is confident that all information given is truthful and complete.

PRODUCER'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

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

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