



CRANE RENTAL SUPPLEMENTAL APPLICATION

1. Named insured (including all owned or controlled subsidiaries) & mailing address:

2. Individual Co-partnership Corporation Other

(describe): _____

3. How many years have you been in business? _____

4. Name of person to be contacted in your organization for purpose of inspection. _____

Telephone Number _____ Fax No. _____

E-Mail: _____ Web Site: _____

5. What is your geographic area of operation: _____

6. Effective Date: _____

7. Please provide estimated breakdown of gross receipts and payroll for the following categories:

	Payroll	Receipts
a. Millwright work including machinery	\$ _____	\$ _____
b. Steel erection	\$ _____	\$ _____
c. Crane rental with operator	\$ _____	\$ _____
d. Rigging if done as a complete and separate operation from the above	\$ _____	\$ _____
e. Bare crane rental	\$ _____	\$ _____
f. Heavy Hauling	\$ _____	\$ _____
g. Miscellaneous (describe)	\$ _____	\$ _____
h. Sub contracted work	\$ _____	\$ _____
(Gross revenues received by insured)		
Total	\$ _____	\$ _____

8. Do you rent equipment other than cranes? Yes No

a. What kind of equipment? _____

b. What are revenues with operators? _____

c. What are revenues without operator? _____

9. Number of operators: _____ All other employees: _____

10. List your (5) largest customers

1. _____
 2. _____
 3. _____
 4. _____
 5. _____

