

Roush Insurance Services, Inc.

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RIGGERS LIABILITY QUESTIONNAIRE

LIMIT OF LIABILITY: \$ _____ Any One Rigging Project
 \$ _____ Catastrophe Limit
RIGGING RECEIPTS: \$ _____

EXPERIENCE

1. How many years have you been in business under present name? _____
2. What is the **average** number of years of experience for your equipment operators? _____
3. What is the **minimum** number of years of experience required for an equipment operator? _____
4. Total number of employees: _____
5. Does applicant lease employees? Yes No
Does applicant have Workers' Compensation in force? Yes No
6. List equipment rented **with operator**:

7. List equipment rented **without operator**:

8. Does one or a few industries provide a large percentage of your work? Yes No
If yes, please describe:
9. Does applicant frequently assign the same crane to the same operator whenever possible? Yes No
10. Does equipment have an alarm device detecting:
Maximum load capacity? Yes No
Wind gusts exceeding safe limit? Yes No
11. Riggers:
(A) Annual number of jobs: _____
(B) Usual duration of jobs: _____
(C) Number of jobs in progress: _____
Maximum: _____
Minimum: _____
(D) Cost of Value of each (on hook) installations:
Maximum: _____
Minimum: _____
Average Value: _____

(E) Load capacity of insured's cranes:

Maximum: _____

Minimum: _____

Average Load: _____

(F) Height of lift:

Maximum: _____

Minimum: _____

Average Height: _____

12. Any Wet Marine exposure? Yes No

If yes, please describe:

13. 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

ATTACH THE FOLLOWING:

15. (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

(D) Loss Experience (Inland Marine and General Liability) Attached To Follow

Agency _____

Phone _____

Address _____

Fax _____

City _____

State _____ Zip _____