



Evanston Insurance Company
Markel American Insurance Company
Markel Insurance Company



MOVING AND RIGGING APPLICATION

1. Name of Applicant: _____
Mailing Address: _____
Contact Name: _____ Telephone: _____
Location Address: _____
2. Years in Business: _____ Policy Term Requested: _____ to _____
3. Description of Operations: _____

Applicant is: Individual Partnership Corporation Joint Venture.

Type of items lifted (on hook) _____

4. Maximum Value of item being lifted _____
Minimum Value: _____ Average Value: _____
Annual Moving & Rigging Gross Receipts _____
5. 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
6. 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: _____

Does insured do any tandem lifts? Yes No

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 |

Fraud Warnings

Notice to Alabama, Arkansas, District of Columbia, Louisiana, New Mexico, Rhode Island and West Virginia applicants: 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.

Notice to Colorado applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to Florida and Oklahoma applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in Florida only.

Notice to Kansas applicants: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Notice to Kentucky, New York, Ohio and Pennsylvania applicants: 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* (not to exceed five thousand dollars and the stated value of the claim for each such violation). *Applies in New York only.

Notice to Maine, Tennessee, Virginia and Washington applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in Maine only.

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

Notice to Minnesota applicants: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Notice to New Jersey applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to Oregon applicants: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Notice to applicants of all other states: 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 the person to criminal and civil penalties.

Representation Statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the insurance.

Applicant's Signature

Date

Agent's Signature

Date