



RIGGING & LIFTING QUESTIONNAIRE

**PLEASE ANSWER ALL QUESTIONS
IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS**

1. FULL NAMES TO BE INSURED:

2. MAILING ADDRESS:

3. NARRATIVE DESCRIPTION:

Provide a narrative description of the work undertaken, area of operations, etc.

4. EQUIPMENT USED:

Please provide a list of equipment used for lifting or moving, including date of manufacture. If list requires more space please attach full schedule.

5. PRESENT INSURANCE:

a) Do you presently carry Insurance for physical loss or damage to equipment whether owned, leased or rented? Yes No

If Yes, please give name of Insurer:

What is the expiring premium: _____

b) Do you carry General Liability Insurance?
If Yes, please give name of current Insurance Company:

Yes No

6. LENGTH OF TIME IN BUSINESS: _____ Years

7. PROPERTY LIFTED:

a) State types of property lifted:

b) Do you lift property which you own? If so, describe:

8. RECEIPTS: Provide breakdown of annual receipts from:

A. Structural steel erection 1.	Buildings	_____
	Bridges	_____
B. Other lifts	_____	_____
Average value of property lifted (est)		_____
Maximum value of property lifted (est)		_____
Average number of lifts at any one time:		_____
Maximum number of lifts at any one time:		_____

9. LIMIT REQUIRED: _____

10. TRANSIT:

Do you move property by road, rail or water in conjunction with lifting operations?
If Yes, please describe:

Yes No

11. AGREEMENTS:

Do you enter into formal agreements with the owner of the property?

Yes No

Do you have a formal contract form?
If so, provide copy.

Yes No

12. EQUIPMENT RENTAL TO OTHERS:

Do you rent your equipment to others?

Yes No

Is the equipment rented to others with your operators?

Yes No

If you rent to others what agreement regarding responsibility for property being lifted do you make?

13. ATTACHING:

Do your employees rig the property to be lifted and attached the hook?

Yes No

14. EMPLOYEES:

Do you train your employees to operate the equipment?
Describe:

Yes No

Are your employees experienced operators?

Yes No

15. INSIDE BUILDINGS:

Is there any movement of the property lifted within building after lift is completed?
If Yes, please describe:

Yes No

16. SPECIALIZATION:

Do you specialize in lifting any particular types of property?
If Yes, please describe:

Yes No

17. VALUE & TYPE:

Do you ascertain the value and type of the property to be lifted before the lift commences?
How is this done?

Yes No

18. MAINTENANCE:

Describe your equipment maintenance programme:

19. CLAIMS EXPERIENCE:

Provide claims experience for past 5 years:

DATE	CAUSE	AMOUNT

20. Has any Insurer cancelled or declined to provide this type of insurance to Applicant?
If Yes, explain why:

Yes No

Previous Carrier: _____

Expiring Premium: _____

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**