



Excellence Drives Our Policy™

Allied Insurance Brokers, Inc
www.alliedforcranes.com

CRANE OPERATORS & RENTAL APPLICATION

Name Insured(s): *(Please list all applicable named insured to be covered to include buildings owned by principals, partnerships, DBAs, etc. if insurance required)*

Contact Name:	Title:	Email:
Phone Number:	Fax Number:	Website:
Mailing Address:		
Policy Period - From:	To:	Current Carrier:
Business Inception Date:	Federal Tax ID Number:	
Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other:		

Please provide estimated gross receipts and payroll along with breakdown %:

A. TOTAL OPERATIONS	RECEIPTS:\$	PAYROLL:\$
1) Bare Crane Rental	%	%
2) Crane Rental with Operator	%	%
3) Transporting/Hauling/Other	%	%

CRANES *(More cranes provide list)*

Type & Make Description	Year	Current Value	Replacement Cost	Maximum Reach & Lift Capacity	Serial Number

CRANE OPERATORS DRIVING INFORMATION *(More operators provide list)*

Driver Name	Birthdate	Drivers License #	State Of License	Heaviest Crane Driver Operates	Years Experience Operating Cranes

Estimated Losses for Past 5 Years: \$
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Date: _____

Signature: _____
Title: _____

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