



SCOTTSDALE INSURANCE COMPANY®

**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