



# Boston Insurance Specialists, Inc.

800 South Main Street, Suite 101, Mansfield, MA 02048

Phone: 800.784.1887, Fax: 508.337.3698

## Scaffolding Contractors Liability Application

Applicant's Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Location \_\_\_\_\_  
 \_\_\_\_\_  
 Web site Address \_\_\_\_\_

Agency Name \_\_\_\_\_  
 Agent \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Phone \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

### APPLICANT PREMISES OPERATIONS INFORMATION

1. **Named Insured as it is to appear on policy:** \_\_\_\_\_

2. **Doing Business As:** \_\_\_\_\_

3. **Web site Address:** \_\_\_\_\_

4. **Applicant is:**  Individual  Corporation  Joint Venture  Municipality  Other (specify): \_\_\_\_\_

Commercial General Liability <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made	General Aggregate	\$
	Products & Completed Operations Aggregate	\$
	Personal & Advertising Injury	\$
	Each Occurrence	\$
Deductibles <input type="checkbox"/> Bodily Injury/Property Damage \$	Fire Damage (any one fire)	\$
	Other Coverages, Restrictions, and/or Endorsements	\$

5. **Location of business (if different):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

6. **Contact person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Contact person is:**  Owner  General Manager  Other: \_\_\_\_\_

**Daytime phone:** \_\_\_\_\_ **Nighttime phone:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_



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7. Do you operate any type of business other than that requested by this application? .....  Yes  No

If yes, describe: \_\_\_\_\_

If yes, is this business covered separately for General Liability? .....  Yes  No

8. Do you use subcontractors? .....  Yes  No

If yes, describe the exposure: \_\_\_\_\_

If yes, do you require Certificates of Insurance? .....  Yes  No

9. Are you a member of the following trade organizations?

SIA—Scaffold Industry Association

SSFI—Scaffolding, Shoring and Forming Institute

Other: \_\_\_\_\_

10. What percentage of your work is residential vs. commercial?

Residential ..... % Commercial ..... %

11. Do you manufacture any products or modify any manufacturer's products prior to sale or rental? .....  Yes  No

If yes, describe details: \_\_\_\_\_

12. Do you import any product line? .....  Yes  No

If yes, describe: \_\_\_\_\_

13. Is damaged scaffolding and planking kept separate from good equipment and repaired or destroyed? .....  Yes  No

14. Describe your maintenance program: \_\_\_\_\_

15. Do you demonstrate equipment to your customers prior to rental? .....  Yes  No

If yes, please explain: \_\_\_\_\_

16. Do you warn lessees of certain weather conditions that could compromise the safe use of suspended and supported scaffolds, and aerial lifts and manlifts? .....  Yes  No

17. Do you utilize a service tagging system? .....  Yes  No

If yes, please explain: \_\_\_\_\_

18. Do you keep written maintenance logs or files on your motorized equipment? .....  Yes  No

If yes, please explain: \_\_\_\_\_

19. Are you involved in erection or dismantling of any kind? .....  Yes  No

If yes, please explain: \_\_\_\_\_



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20. According to your rental agreement, who is responsible for daily inspection and maintenance of any rented equipment? .....  You - Applicant  Lessee
21. What is the average height of erection work? \_\_\_\_\_
22. What is the maximum height of erection work? \_\_\_\_\_
23. Is a checklist completed by the project foreman upon completion of an erection job? .....  Yes  No  
 If yes, is it signed by the customer? .....  Yes  No
24. Has the applicant ever been cited for any safety violations with regard to sidewalk protection? ...  Yes  No  
 If yes, please explain: \_\_\_\_\_
25. List annual revenue of all equipment you erect or install, rent, or sell to others.

### Estimated Annual Revenue

EXPOSURE	ERECTION	RENTAL	SALES
Advertising Banner			
Aerial Platforms			
Bleachers			
Boom Lifts			
Camera Platforms			
Cantilever Scaffolds			
Construction Elevators			
Contractors Equipment NOC			
Duraclad Sheeting / Debris Netting			
Elevating Work Platform			
Equipment Hoist			
Ladder/Scaffold			
Planking			
Rental With Operators			
Safety Equipment			
Scaffolding Tarps			
Shoring and Forming			
Sidewalk Bridging			
Swing Staging—Permanent			
Swing Staging—Temporary			
Telescopic Lifts			
Trash or Debris Chutes			
Other			
<b>Total Revenue</b>			



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Erection payroll: \$ \_\_\_\_\_ Rental payroll \$ \_\_\_\_\_

**26. List Additional Interests and Certificate Recipients**

NAME AND ADDRESS	INTEREST

**27. Previous Insurer and Loss History:** Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.....  See attached loss run  
 Has coverage ever been cancelled, declined or non-renewed? .....  Yes  No  
 If yes, please explain: \_\_\_\_\_

YEA R	COMPANY	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION OF ALL LOSSES OVER \$25,000

**DO YOU HAVE THE FOLLOWING? IF YES, ATTACH COPY.**

- Written safety program? .....  Yes  No
- Equipment schedule? .....  Yes  No
- Rental contract? .....  Yes  No
- Brochures? .....  Yes  No
- Checklist used for erection/dismantling? .....  Yes  No
- Maintenance log/tagging system? .....  Yes  No
- Copies of OSHA citations and related correspondence? .....  Yes  No



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This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

### FRAUD WARNING:

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.

### FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

### FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

### IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.