

# THE NATIONAL ELEVATOR INSURANCE PROGRAM

a Division of HUB International Northeast  
201-585-6500 fax:201-585-6590



## Elevator Supplemental

### A. APPLICANT INFORMATION

Applicant legal name as it should appear on the policy, including Corp., LTD, LLC, etc.:				<b>FEDERAL ID #:</b>	
Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (Specify)					
Year of Company Formation:					
Have you ever owned another company in the elevator industry? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the name?					
Mailing Address					
Street: Apartment/Unit/Suite:		City:	County:	State:	Zip:
Location Address (Attach Second Sheet if Necessary)					
Street: Apartment/Unit/Suite:		City:	County:	State:	Zip:
Contact Person:		Title:	Phone: Cell:	Email:	
Ownership					
Name of Principal 1	Title	Ownership %	Total Years of Experience		
Name of Principal 2	Title	Ownership %	Total Years of Experience		
Name of Principal 3	Title	Ownership %	Total Years of Experience		

### B. EQUIPMENT TYPE – Provide information for the units you install, modernize, maintain, repair, or inspect.

Equipment Type	# of Units	Equipment Type	% of Units
Passenger Elevators		Geared (Not Single Speed)	%
Freight Elevators		Geared (Single Speed AC)	%
Escalators		Gearless	%
Man Lifts		Hydraulic	%
Residential Elev/Home Lift		Drum	%
Dumbwaiters		Rack & Pinion	%
Garage Elevators		Pneumatic	%
Stairlifts			
Wheelchair Lifts			
LULA's			
VRC's			
Ramps			
Other (Specify)			

### C. SALES AND PAYROLL

	YEAR	TOTAL SALES	FIELD LABOR PAYROLL*	SUBCONTRACTOR COST**
Expiring Year				
Renewing Year (Projected)				

\*Field Labor Payroll includes mechanics, helpers, inspectors, and field supervision. Overtime is reduced to the straight time rate. Owners/Officers that work in the field should use the payroll limitation for the applicable state – please call us for that figure.

\*\*Subcontractor Cost includes the total cost of all work that you sublet to another insured contractor. This includes the cost of all labor, fees, bonuses, commissions, materials, and equipment furnished, used, or delivered in connection with the work. Finished equipment that you supply is not included.

### D. LOCATIONS – Provide the percentage of field operations by state.

State 1	Percentage	State 2	Percentage	State 3	Percentage	State 4	Percentage	State 5	Percentage

### E. OPERATIONS

1. Provide the type of work performed as a percentage of total operations. (Total must equal 100%)

Maintenance - %	Repair - %	Modernization - %	New Installation - %	Manufacturing*** - %
Distribution - %	Inspection - %	Testing - %	Witnessing - %	Consulting - %
Other (Explain) - % :				

**\*\*\*FOR MANUFACTURING EXPOSURE, PLEASE COMPLETE OUR SEPARATE PRODUCT SUPPLEMENTAL APPLICATION**

**E. OPERATIONS (Continued)**

2. What percentage of your work is performed in the 5 boroughs of New York City? \_\_\_\_\_ %

3. Are you engaged in any non-elevator/lift operations?  Yes  No If Yes, what type?

4. What percentage of your work is performed in the following building size? (**Total must equal 100%**)  
 6 stories or less: \_\_\_\_\_ %    7 to 15: \_\_\_\_\_ %    16 to 24: \_\_\_\_\_ %    25 and up: \_\_\_\_\_ %

5. What percentage of your work is performed in these types of buildings? (**Total must equal 100%**)

Commercial: _____ %	Condo/Apartment: _____ %	Airport/Train: _____ %	Hospitals: _____ %
Nursing Homes: _____ %	Industrial: _____ %	Housing Authority: _____ %	Priv. Residences: _____ %
Farm: _____ %	Other: (Explain) _____ %:		

**F. RESTRICTED OPERATIONS – HIGH HAZARD UNITS**

6. Do you work on or inspect grain elevator man-lifts?  Yes  No

7. Do you work on or inspect temporary, outside, construction hoists?  Yes  No

8. Do you work on or inspect hillside lifts, trams, or mine elevators?  Yes  No

**G. EMPLOYEES/EXPERIENCE/TRAINING**

9. What is the total number of full time employees (including owners) in each category below:

	Union	Non-Union	Total
Supervisors/Adjustors			
Mechanics			
Helpers			
Inspectors			
Manufacturing			
Clerical, Sales, & Other			

10. Do you have a technical training program (Including Union Training & QEI)?  Yes  No  Not Applicable  
 If yes, is it:  Formal (Classroom)  Informal (On the Job) How often?

11. Do you have a written safety program or provide your employees with a copy of the "Field Employees Safety Handbook" (available from Elevator World Magazine)?  Yes  No  Not Applicable

**H. POLICIES/PROCEDURES**

12. a. How much of your work is sub-contracted to others? \_\_\_\_\_ % of Total Sales  
 b. Do your sub-contractors have their own liability insurance?  Yes  No  
 1. If so, do you require certificates of insurance from your subs?  Yes  No  
 2. Do you require them to have an Occurrence Limit equal to or greater \$1 Million?  Yes  No  
 3. Do you require your subs to name you as an additional insured?  Yes  No  
 c. What type of work do you sub-contract?

13. Do you provide written proposals to your customers to upgrade elevator equipment, such as mechanical door safeties, single speed AC controllers, and manual freight elevator doors?  Yes  No  Not Applicable

14. Do you keep copies of your written proposals for at least 5 years?  Yes  No  Not Applicable

15. Do you provide written warnings to customers of hazardous conditions?  Yes  No  Not Applicable

16. Do you have a formal lock out / tag out procedure?  Yes  No  Not Applicable

17. Are elevator openings and other equipment properly barricaded for all types of work in order to eliminate public access in and around the work area?  Yes  No  Not Applicable

18. Do you require your employees to use fall protection when working in the hoistway?  Yes  No  Not Applicable

**I. WARRANTY AND SIGNATURE**

19. At the time of signing this application, are you or any officer, director, partner, or any individual who is directly responsible for management of your establishment, aware of any circumstances which may be expected to give rise to a claim under this policy?  Yes  No – If yes, explain:

20. If this application is approved for coverages requested herein, the undersigned understands that it may elect to receive the insurance policy electronically. By checking the following box , the applicant requests that the policy applied for be delivered electronically to the following e-mail address:

21. By signing below, I acknowledge that any false information or misrepresentations on this application may result in coverage for a claim being denied.

Applicant's Signature and Title \*

Date

Policy Effective Date

# FRAUD WARNING STATEMENTS - THIS IS PART OF YOUR APPLICATION FOR INSURANCE.

**ALABAMA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

**ARKANSAS 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.

**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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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.

**DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**FLORIDA 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.

**HAWAII APPLICANTS:** FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

**KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

**LOUISIANA 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.

**MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**MAINE 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 OR A DENIAL OF INSURANCE BENEFITS.

**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.

**NEW MEXICO & RHODE ISLAND 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 CIVIL FINES AND CRIMINAL PENALTIES.

**NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, 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 VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

**OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**OREGON APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAYBE VIOLATING STATE LAW.

**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.

**PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000.

**TENNESSEE, VIRGINIA & 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**UTAH APPLICANTS:** ANY MATTER IN DISPUTE BETWEEN YOU AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF (THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR), A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE COMPANY. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING UPON BOTH YOU AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGEMENT IN ANY COURT OF PROPER JURISDICTION.

**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.

**APPLICANTS IN ALL OTHER STATES:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

---

Applicant's Signature and Title

---

Date