

Business Competitive Edge Insurance Services, Inc.  
 Local Phone: (916) 412-5430, Local Fax: (916) 434-6078  
 Toll-Free Phone: (800) 407-0-FREE, Toll-Free Fax: (800) 807-0-FREE  
 E-mail: Alex@BeyerInsurance.biz

**ELEVATOR LIABILITY SUPPLEMENTAL APPLICATION**

1. Provide claims history (Loss Run) for the past five years (attach separately)
2. Provide samples of your typical Maintenance Contracts

**Policy Effective Date:**

**A. APPLICANT INFORMATION**

**Name:** (Complete name as it should appear on the policy, including Corp., Ltd., etc.)

**Federal ID No:**

**Mailing Address:**  
 Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Location Address:** (County is required) attach separate sheet if necessary  
 Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant is:  Corporation  Partnership  Joint Venture  Individual  Other (Specify)

Years in business under above corporate name:

**Contact Person:** Title: \_\_\_\_\_ email: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Names of Principals	Position/Occupation	Ownership	Total Years Exp.
1. _____	_____	_____ %	_____
2. _____	_____	_____ %	_____

**B. EQUIPMENT TYPE**

Provide the **number of units** you service for each type of elevator/escalator equipment listed below:

Equipment Type	# Units	Provide percentage of units for combined Passenger & Freight categories		
		Geared	Gearless	Hydro
Passenger		%	%	%
Freight				
Escalator		Are you engaged in Non-Elevator Operations? <input type="checkbox"/> Y <input type="checkbox"/> N		
Man Lift		If Yes, then what type? _____		
Home Lift				
Dumbwaiter		Must Specify <u>Other</u>		
Garage				
Other				
<b>TOTAL:</b>		<b>Maximum # of Elevators/Escalators in any ONE/Single building:</b> [_____]		

C. SALES & PAYROLL		SALES	PAYROLL
	Year	Total Receipts	Field, Supervision, Shop & Inspectors
	2 Years ago	\$	\$
	Last Year	\$	\$
	This Year (Projected)	\$	\$

**For Manufacturing Exposure, please complete our Product Supplemental Application form**

**D. OPERATIONS**

- 1 Please provide the type of work performed as a % of total operations. (Total must equal 100%)  
 Maintenance \_\_\_\_\_ % Repair \_\_\_\_\_ % Modernization \_\_\_\_\_ %  
 New Installation/ \_\_\_\_\_ % Manufacturing \_\_\_\_\_ % Other \_\_\_\_\_ %  
 Construction \_\_\_\_\_ % Must describe **Other**: \_\_\_\_\_
- 2 Do you perform work on Grain elevators?  Y  N
- 3 Do you perform work on Hillside Lifts, Trams or Mining Elevator/Equipment?  Y  N

4	Do you perform work on Outside/Temporary Construction Material Lift? <input type="checkbox"/> Y <input type="checkbox"/> N															
5	Please provide the percentage breakdown of your service contracts. Full Maintenance: _____% Full with exclusions: _____% Parts Oil & Grease: _____% Oil & Grease: _____%															
6	What percentage of your work is performed in the following building size: 6 stories or less _____% 7 to 15: _____% 16 to 24: _____% 25-Up : _____%															
7	What percentage of your work is performed in these types of Buildings: (total must equal 100%) <table style="width:100%; border:none;"> <tr> <td style="width:33%;"><u>Building Type</u></td> <td style="width:33%;"><u>Building Type</u></td> <td style="width:33%;"><u>Building Type</u></td> </tr> <tr> <td>Commercial _____%</td> <td>Residential (*) _____%</td> <td>Airport/Train _____%</td> </tr> <tr> <td>Hospital _____%</td> <td>Nursing Homes _____%</td> <td>Industrial/Factory _____%</td> </tr> <tr> <td>Housing Auth. _____%</td> <td>Private Home _____%</td> <td>Farm _____%</td> </tr> <tr> <td colspan="2">(*) Multi-Story building (apartments and condos)</td> <td>Other _____%</td> </tr> </table> Must describe <u>Other</u> : _____	<u>Building Type</u>	<u>Building Type</u>	<u>Building Type</u>	Commercial _____%	Residential (*) _____%	Airport/Train _____%	Hospital _____%	Nursing Homes _____%	Industrial/Factory _____%	Housing Auth. _____%	Private Home _____%	Farm _____%	(*) Multi-Story building (apartments and condos)		Other _____%
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**E. EMPLOYEES/EXPERIENCE/TRAINING**

1	<p><i>What is the total number of full time employees (provide for each category listed below)</i></p> <table style="width:100%; border:none;"> <thead> <tr> <th style="text-align:left;">Category</th> <th style="text-align:center;"># Union</th> <th style="text-align:center;">#Non-Union</th> <th style="text-align:center;">Total</th> </tr> </thead> <tbody> <tr> <td>Supervisors/Adjustors</td> <td style="text-align:center;">_____</td> <td style="text-align:center;">_____</td> <td style="text-align:center;">_____</td> </tr> <tr> <td>Mechanics</td> <td style="text-align:center;">_____</td> <td style="text-align:center;">_____</td> <td style="text-align:center;">_____</td> </tr> <tr> <td>Helpers</td> <td style="text-align:center;">_____</td> <td style="text-align:center;">_____</td> <td style="text-align:center;">_____</td> </tr> <tr> <td>Inspectors</td> <td style="text-align:center;">_____</td> <td style="text-align:center;">_____</td> <td style="text-align:center;">_____</td> </tr> <tr> <td>Manufacturing</td> <td style="text-align:center;">_____</td> <td style="text-align:center;">_____</td> <td style="text-align:center;">_____</td> </tr> </tbody> </table> <p>How many employees (Union &amp; Non-Union) do you have with less than 5 years experience: _____</p>	Category	# Union	#Non-Union	Total	Supervisors/Adjustors	_____	_____	_____	Mechanics	_____	_____	_____	Helpers	_____	_____	_____	Inspectors	_____	_____	_____	Manufacturing	_____	_____	_____
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Manufacturing	_____	_____	_____																						
2	<p>Do you have a technical training program? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>If Yes, is it <input type="checkbox"/> Formal (classroom) <input type="checkbox"/> Informal (on the job) How Often? _____</p> <p>Provide name &amp; title of person responsible: _____</p>																								
3	<p>Do you have a written safety program? <input type="checkbox"/> Y <input type="checkbox"/> N Do you conduct classes? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>If Yes, is it <input type="checkbox"/> Formal (classroom) <input type="checkbox"/> Informal (on the job) How Often? _____</p>																								

**F. POLICIES AND PROCEDURES**

1	<p>How much of your work is sub-contracted? _____%</p> <p>Do you require certificates of insurance from sub-contractors? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Do you require your Subs to have an <i>Occurrence Limit</i> equal or greater than yours? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>What type of operation do you sub-contract? _____</p>
2	Do you provide written proposal to your customers to upgrade elevator equipment, such as mechanical door safeties, single speed AC controllers and manual freight elevator doors? <input type="checkbox"/> Y <input type="checkbox"/> N
3	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? <input type="checkbox"/> Y <input type="checkbox"/> N
4	Do you have a formal "lock out / tag out" system? <input type="checkbox"/> Y <input type="checkbox"/> N
5	Do you require your employees/mechanics to use fall protection when working in the hoistway? <input type="checkbox"/> Y <input type="checkbox"/> N

**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?  Y  N**

**If Yes, explain:**

\_\_\_\_\_  
APPLICANT'S SIGNATURE AND TITLE

\_\_\_\_\_  
DATE

**SIGN HERE**

Application must be signed and dated by Owner, Partner or Officer of the Company.