

Staging & Rigging Supplemental Application

| Applicant Information

Applicant name: _____ Application date: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Website: _____ Applicant's email: _____

Type of entity: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Nonprofit ☐ Other _____

Federal Employer Identification Number (FEIN) or Tax Identification Number: _____

State of incorporation/organization: _____

Applicant's contacts	Name	Phone	Email
Loss control manager	_____	_____	_____
General manager	_____	_____	_____
Audit	_____	_____	_____
Account/business manager	_____	_____	_____

| General Information

Percentage of the applicant's business made up of staging services: _____ %

Percentage of payroll subject to climbing: _____ %

General Information *(Continued)*

Average dimensions of the stages the applicant builds: _____

Is the applicant the only one working on the staging? ☐ Yes ☐ No

Does an engineer sign-off on the applicant's staging installations? ☐ Yes ☐ No

Please describe the type of guy wires used and the weights integrated into supporting the staging: _____

Are the engineers and supervisors OSHA approved? ☐ Yes ☐ No

Are the engineers and supervisors present at all installations? ☐ Yes ☐ No

Is the applicant a member of any associations? ☐ Yes ☐ No

If yes, please provide the name(s) of association(s): _____

Provide a detailed description of all equipment, such as forklifts and cranes, used in installations: _____

Do installations involve welding? ☐ Yes ☐ No

If yes, please describe: _____

Does the applicant hire any independent contractors? ☐ Yes ☐ No

If yes, please describe: _____

Does the applicant rig roof trusses? ☐ Yes ☐ No

Does the applicant rig mobile or temporary stages at outdoor venues or events? ☐ Yes ☐ No

Loss Control & Maintenance

Does the applicant have formal written loss control or safety programs for the following?

Weather
(on-site; high wind action plans) ☐ Yes ☐ No

Flood ☐ Yes ☐ No

Earthquake ☐ Yes ☐ No

Malfunction ☐ Yes ☐ No

If yes to any of the above, please provide a copy of the formal written loss control or safety programs.

Is one employee responsible for the applicant's safety program? ☐ Yes ☐ No

If yes, please provide the following:

Name: _____ Email: _____ Cell: _____

Does the applicant have screening and/or reference procedures for all new operators? ☐ Yes ☐ No

Loss Control & Maintenance (Continued)

Does the applicant have screening and/or reference procedures for all new independent contractors?

☐ Yes

☐ No

If yes to either of the above, please provide details:

Are random drug or alcohol testing procedures outlined in a written manual provided to all employees?

☐ Yes

☐ No

Does the applicant keep a written scheduled maintenance program of all equipment?

☐ Yes

☐ No

Please indicate any of the following services performed by the applicant:

Dual lifts

☐ Yes

☐ No

Personal lifts

☐ Yes

☐ No

Work in excess of 2 stories

☐ Yes

☐ No

Scaffolding

☐ Yes

☐ No

Does the applicant pre-inspect and test equipment to ensure it is in safe working order prior to use?

☐ Yes

☐ No

Submission Requirements

This application requires additional documentation:

- Copies of loss control and safety programs

Completed applications and additional documentation can be submitted by email to info@aes.auw.com.

Fraud Statements / Signature

The following is part of the Application:

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Applicable in KY, NY, OH and PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO. (Required in FL)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER