

# 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:

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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](mailto:info@aes.auw.com).*

# Fraud Statements / Signature

**The following is part of the Application:**

## **Applicable in AL**

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.

## **Applicable in AR, LA, MD, 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 CA**

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

## **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 DC**

**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.

## **Applicable in FL**

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.

## **Applicable in KS**

A "fraudulent insurance act" means an act committed by 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**

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.

## **Applicable in ME**

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.

## **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 NM**

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.

## **Applicable in NY**

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.

## **Applicable in OH**

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.

# Fraud Statements / Signature

## Applicable in OK

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.

## 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 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.

## 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.

## Applicable in TN and VA

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.

## Applicable in WA

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

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