Staging
Supplemental Application

A. General Information		
1. Name of company:		
2. What is your total gross revenue?		
3. What percentage of the business revenue involves staging services?		%
4. What is your total payroll / costs of subcontractors?		%/ ☐ %
5. What is the percentage of climbing/work at heights payroll / subcontracting costs?		%/ ☐ %
6. What is the average height?	7. What is the maximum height?	
8. What are the average dimensions and types of stages you build?		
9. How much staging work is indoor vs. outdoor?		
10. Does the insured perform rigging of mobile or temporary stages at outdoor venues or events?		☐ Yes ☐ No
11. Does the insured perform rigging of roof trusses?		☐ Yes ☐ No
12. Does the staging include rigging of audio-visual gear?		☐ Yes ☐ No
13. Does the staging include LED walls/large screens?		☐ Yes ☐ No
14. Provide a detailed description of all powered equipment used in operations (e.g., forklifts, cranes):		
15. Is welding involved in the operations?		☐ Yes ☐ No
a. If yes, please provide details.		
16. Does the insured design and engineer stages for customers?		☐ Yes ☐ No
a. Provide the percentage of revenue.		%
17. How often do you get hired by another rigging or staging company to work under their direction?		
18. Do you hire other companies for work at heights and rigging?		☐ Yes ☐ No
a. If yes, please **provide recent contract.**		
19. Do you hire independent contractors for work at heights and rigging?		☐ Yes ☐ No
a. If yes, how do you validate their insurance coverage?		
b. Are they ETCP certified?		☐ Yes ☐ No
20. How often do you get hired by another rigging or staging company to work under their direction?		
21. Specify any and all work being performed by subcontractors in the state of NY.		

22. How often do you have the responsibility to hire the engineer who signs off on the staging installation?	
23. Are engineers and supervisors OSHA-approved and present at all installations?	☐ Yes ☐ No
24. Is the insured a member of any associations?	☐ Yes ☐ No
a. If yes, please provide details.	

B. Safety and Maintenance

1. Is there a formal written loss control or safety program? i.e., High wind action plan, flood, earthquake, evacuation, etc.	☐ Yes ☐ No
a. If yes, please **provide a copy** of the program.	
2. Is one employee responsible for your safety program?	☐ Yes ☐ No
If yes, please provide the following:	
a. Name:	
b. Email:	
c. Mobile number:	
3. Confirm use of local anemometer on-site:	☐ Yes ☐ No
4. Please specify third-party weather information resource?	
5. Do you have screening and/or reference procedures for all new operators?	☐ Yes ☐ No
a. Independent contractors?	☐ Yes ☐ No
b. If yes, please provide details.	
6. Are random drug or alcohol testing procedures outlined in a written manual provided to all employees?	☐ Yes ☐ No
7. Do you keep a written scheduled maintenance program of all equipment?	☐ Yes ☐ No
8. Do you perform any of the following services?	

a. Dual/Boom Lifts:	☐ Yes ☐ No	b. Personnel Lifts:	☐ Yes ☐ No
c. Work in Excess of 2 Stories:	☐ Yes ☐ No	d. Scaffolding:	☐ Yes ☐ No

9. Does the insured pre-inspect and test equipment prior to use to make sure it is in safe working order?	☐ Yes ☐ No

C. Permanent Installations

1. Does the insured install permanent stages or trusses?	☐ Yes ☐ No
2. What is the range of job costs and average job cost for permanent installations?	
3. Do permanent installations include audio-visual gear?	☐ Yes ☐ No
4. Do permanent installations include LED walls or large screens?	☐ Yes ☐ No
a. Provide installation details:	

5. Does the insured install permanent electrical power lines, breaker panels, and/or tap into same as part of completing their installations?	☐ Yes ☐ No

Authorization Statement

I, being duly authorized by the company applying for coverage, declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying.

☐ I hereby agree to the above statement

Name:	Title:	Date:

Agent or Producer:

Name:	Title:	Date: