



RIGGING APPLICATION

DATE _____

1. Please provide a description of rigging work that has been performed?

2. Provide a list of jobs performed during the past 12 months:

3. Provide operating territory of work performed?

4. Please provide rigging receipts:

5. Please provide details of contract along with copy of contract between Insured and their customer:

6. Provide list of annual number of jobs:

7. Provide maximum and average values for rigging jobs:

8. Please provide experience of contractor in doing rigging work:

9. Please maximum height for any rigging job:

Print Your Name: _____

Signature: _____

Contact Information: _____

Date: _____

