

Crane Questionnaire

Name of Insured

Years in Business

Please advise details of all crane insured items

Item	Description including Year, make, model and if crane unit is fitted	Year, Make of crane assembly	Where was crane manufactured	Is manufacturer still in business	Date of last 6 yearly inspection or rebuild	Type of registration and registration number, if applicable	Sum Insured
1							\$
2							\$
3							\$
4							\$
5							\$
6							\$
7							\$
8							\$
9							\$
10							\$

Attach list if insufficient space.

Is a current maintenance logbook kept for every crane as required by as AS2550.4 and/or AS2550.5?

Yes No

If yes, please provide details.

Are all units fully maintained by a formal preventative maintenance program as outlined in the same Australian Standard?

Yes No

If yes, please provide details.

What is the name or Company of the 'competent person' (as defined in relevant Australian Standards) or repairer who certifies 3 monthly and annual inspections as required by the Standard?

What is the name or Company of the 'competent person' (as defined in relevant Australian Standards) who performs the 6 year overhaul as required by the Standard?

Is a JSA (Job Safety Statement) or SWMS (Safe Work Method Statement) completed by a supervisor or manager before works commence on major construction sites?

Yes No

If yes, please provide details.

What is the operators' years of experience with using this type of equipment?

Are operators issued with a SOP (Safe Operating Procedures) Manual?

Yes No

If yes, please provide details.

Are operators instructed to complete a pre-trip / daily visual inspection of their unit and is this checked by supervisor / manager?

Yes No

If yes, please provide details.

Have you ever had a crane collapse or fall over when operating?

Yes No

If yes, please provide full details of circumstances, make and age of crane and amount of damage caused.

Are there any overseas manufactured units to be insured that:

(i) In the event of damage, do not have parts available locally and / or the requisite expertise to be able to conduct repairs in Australia.

Yes No

If yes, please provide details.

(ii) Are subject to warranty conditions, which would inhibit warranty repairs being conducted in Australia?

Yes No

If yes, please provide details.

Please advise the nature of goods being lifted.

Please advise if any items may be used on a barge, under or over water or for Stevedoring Services?

If Yes, and you require cover to be extended please refer to questionnaire.

Yes No

Do you undertake any Tree Lopping work?

Yes No

Do you perform any work or service in any Airside Area of an airport?

Yes No

Provide full Description of Activities Undertaken and for which cover is required.

Provide Turnover generated by each activity undertaken by the Business, you require covered by this Policy.

Activity	Actual turnover last 12 months	Estimated turnover next 12 months
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
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If insufficient lines please attach additional sheet detailing the above.