

## Crane Questionnaire

Named Insured:		
Contractor's License #		# years of experience:

### 2. Crane Details:

Length of boom(s):
Weight of each crane in tons:
Age of each crane:
Condition and capacity of equipment:
Types of jobs for which each crane is used:
Any modified cranes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is any crane self-propelled? <input type="checkbox"/> Yes <input type="checkbox"/> No
• If yes, is it covered under your auto insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No

### 3. Operations:

Annual Receipts:	Annual Payroll:
Any rental without operator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Age, training, and experience of operator(s):	
Description of training instructions:	
Maintenance records kept for each crane? (i.e. date of routine checks, repair work and major overhauls):	
Precautions taken to prevent unauthorized use of equipment:	

**4) On-Hook/Riggers Liability Desired? Limit \_\_\_\_\_**

### 5) Attach the following:

- Copy of rental and/or contractual agreement(s).
- Photo of crane
- Copy of last certified inspection on each crane over 20 years old

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I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE OR SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD AND SUBJECT TO FINES AND/OR IMPRISONMENT. ANY CHANGES IN YOUR OPERATION MUST BE REPORTED TO YOUR AGENT.

Date: \_\_\_\_\_

Signature of Applicant:

\_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature of Producing Agent:

\_\_\_\_\_ Date \_\_\_\_\_

Agent Name and

Address: \_\_\_\_\_

NOTE: Applicant's Signature is REQUIRED.