SitePro®
by NIP GROUP

900 Route 9 North, Suite 503, Woodbridge, NJ 07095 Toll-free Phone: (800) 446-7647

Named Insured: _____

Policy Term: _____

1. **Please indicate the number of Cranes that are owned, hired, or leased.** _____
   Indicate Type of Crane along with number.

	Man Lift	Knuckle Boom	Telescopic
Boom Trucks < 50,000 lbs ***(mounted on commercial truck chassis)***			
Boom Trucks > 50,000 lbs ***(mounted on commercial truck chassis)***			
Rough Terrain Cranes < 50 tons ***(with oversized tires)***			
Rough Terrain Cranes > 50 tons ***(with oversized tires)***			
Truck Cranes ***(frictional cranes, mobile cranes)***			
Crawler Cranes			
Other (Please Define):			

2. **List year, make and model of all owned, hired or leased cranes.**

3. **Are all Cranes equipped with weight of load monitoring devices that automatically shut down the machine if the cargo exceeds the vehicles maximum lifting capacity?**

4. **Is there a formal documented crane maintenance procedure and repair log?** ☐ **YES** ☐ **NO**
   DESCRIBE:

5. **Are crane operators CCO certified and/or licensed by the state when required?** ☐ **YES** ☐ **NO**
   If yes, please provide details of certification and continuing training classes for each crane operator? If no, how is training completed?

Who is Certified? – Name	Job Title

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6. **List all operations performed by you or on your behalf that involve the use of cranes.**

_____

_____

_____

_____

7. **Does insured use ground spotters with tag lines and an experience d signal person when operating its crane?** ☐ YES ☐ NO

8. **Are any lifts completed for hire/for an independent third party?** ☐ YES ☐ NO
If yes, what type and how often?

_____

_____

_____

_____

9. **What types of precautions are taken when completing lifts around High Voltage power lines?**

_____

_____

_____

_____

10. **Is the utility company informed prior to any lift in close proximity to High Voltage power lines?** ☐ YES ☐ NO
If yes, what procedures are in place to insure compliance with this requirement?

_____

_____

_____

_____

11. **List all states the applicant operates in:** _____

12. **If insured works in NY State, what percent of work (if any) in NYC 5 boroughs?** _____

Fraud Warning Notice: If a state fraud warning notice applies, please attach form #55306 to this application.

Insured's Signature _____ **Date** _____

Agency _____ **Date** _____