



Named Insured: _____
Policy Term: _____

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

Boom Trucks < 50,000 lbs (mounted on commercial truck chassis)	_____
Boom Trucks > 50,000 lbs (mounted on commercial truck chassis)	_____
Scissor Lift	_____
Tower Crane	_____
Hydraulic Crane	_____
Truck Cranes (frictional cranes, mobile cranes)	_____
Other (Please define)	_____

List year, make and model of all owned, hired or leased cranes:

2. 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? _____

3. Is there a formal documented crane maintenance procedure and repair log?____ Describe.

4. Are crane operators CCO certified and/or licensed by the state when required? 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: _____

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



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6. Does insured use ground spotters with tag lines and an experienced signal person when operating its crane?

7. Are any lifts completed for hire/for an independent third party? If, yes what type and how often?

8. How many times a year are cranes rented

9. Has the policy had a claim resulting from the use of cranes in the last five years? If yes please explain.

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

Insured's Signature _____

Date _____

Agency _____ Date _____