



CRANE OPERATORS Supplement

1. Named Insured:
2. What is your geographic area of operation, broken down by state:
3. Provide estimated breakdown of annual gross receipts and payroll for the following categories:

	<u>Annual Gross Payroll</u>	<u>Annual Gross Receipts</u>
a) Millwright work including machinery or equipment installation and repair	\$	\$
b) Steel Erection	\$	\$
c) Crane rental with operator including installation, repair and removal	\$	\$
d) Rigging if done as a complete and separate operation from any of above	\$	\$
e) Crane rental without operator incl. installation, repair and removal	\$	\$
f) Heavy Hauling	\$	\$
g) Scaffolding	\$	\$
h) Sales of equipment (attach details)	\$	\$
i) Other (please specify)	\$	\$

4. What kind of goods/equipment are typically lifted by your cranes?
 - a) What is the average on-hook exposure? \$
 - b) What is the maximum on-hook exposure? \$
 - c) Duration of average job?
5. How is weight of object to be lifted established?
6. Who attaches the hook to the object to be lifted?
7. Advise if one or few industries or customers provide a large percentage of your work (i.e. utilities, marine, stevedoring, oil field, refineries, bridges, commercial construction, industrial plants, etc.)
8. Are Overload and Load Angle Charts present in the cab?

Crane Operators Supplement

9. Do you rent equipment other than cranes?
 a) If so, what kind of equipment?
 b) What are the revenues with operator (installation/repair/removal)?
 c) What are the revenues without operator (installation/repair/removal)?
10. Operators and oilers are Employed or Leased ?
 Number of operators: Number of oilers: All other employees:
 Operators with CCO designation:

11. Do you have loss control and maintenance programs?
 If yes, provide details:
 a) Name of employee responsible for safety program?
 b) Regular safety meetings with employees?
 c) Screening or reference process for new operators?
 d) What is the minimum age for operators?
 e) Schedule for maintenance program?
 f) Written form used for crane inspections?
 g) An accident report form?
 h) Are cranes certified? If so, how often and by whom?
 i) Are certificates of insurance required from lessees on bare rentals?
 j) Are MVR's ordered on all drivers? If yes, how often?
 k) Are operators assigned a certain crane to operate?

12. Attach list of equipment and values.

13. Loss Experience:
 a) Currently valued loss history - "ground up", past 5 years, 100% incurred losses:

<u>Year</u>	<u>Incurred</u>		<u>Reserved</u>		<u>Paid</u>
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$

- b) Please provide the following information on a separate sheet:
 i) Individual losses in excess of \$5000.
 ii) Details and full amount of each loss paid or reserved.
 iii) Details of all open losses.

Signed: _____

Date: _____