



Crane Questionnaire

Crane Questionnaire



Name of Insured

Years in Business

Please advise details off all insured cranes

| Item | Description including year, make, model | Type of crane (mobile, tower, self-erecting, gantry, tractor) | Where was crane manufactured | Is manufacturer still in business | Date of Last equipment inspection | Type of registration and registration number if applicable | Sum insured |
|------|---|---|------------------------------|-----------------------------------|-----------------------------------|--|-------------|
| 1 | | | | | | | \$ |
| 2 | | | | | | | \$ |
| 3 | | | | | | | \$ |
| 4 | | | | | | | \$ |
| 5 | | | | | | | \$ |
| 6 | | | | | | | \$ |
| 7 | | | | | | | \$ |
| 8 | | | | | | | \$ |
| 9 | | | | | | | \$ |
| 10 | | | | | | | \$ |

If you need additional space, please go to page 6 of this document.

Is a current maintenance logbook kept for every crane in line with manufacturer instructions?

Yes

No

If NO, please provide details

Are all units fully maintained by a formal preventative maintenance program in line with the Approved Code of Practice for Cranes?

Yes

No

If NO, please provide details

Are cranes fitted with operational audible and visual overload alarms?

Yes

No

If NO, please provide full details

Is equipment inspected in line with PECPR Regulations following repair, alteration, maintenance, adjustments or alterations?

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 NO, please provide full 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 NO, please provide full 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:

1. In the event of damage, do not have parts available locally and/or the requisite expertise to be able to conduct repairs in New Zealand? Yes No

If YES, please provide details.

2. Are subject to warranty conditions, which would inhibit warranty repairs being conducted in New Zealand?

Yes

No

If YES, please provide details.

3. Please advise the nature of goods being lifted.

Please advise if any items may be used on a barge, over water or for stevedoring services?

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

Do you conduct demolition work and are you using a demolition ball?

Yes

No

If YES to any of the above questions, provide a full description of activities undertaken, who oversees work and for which cover is required.

Additional Information Space

[Empty space for additional information]



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