

360 Plant and Equipment Crane Questionnaire

360 Plant and Equipment Pty Ltd **ABN** 85 087 238 837 AR 424918 is a corporate authorised representative of SURA Pty Ltd **ABN** 36 115 672 350 **AFSL** 294313 Level 14 / 141 Walker Street North Sydney NSW 2060 PO Box 1813 North Sydney NSW 2059 T: 1800 411 580

Crane Questionnaire



Name of Insured

Years in Business

Please advise details of all crane insured items

ltem	Description including Year, make, model and if crane unit is fitted	Year, Make of crane assembly	Where was crane manufactured	ls manufacturer still in business	Date of last 10 yearly inspection or rebuild	Type of registration and registration number, if applicable	Sum Insured	I
1							\$	
2							\$	
3							\$	
4							\$	
5							\$	
6							\$	
7							\$	
8							\$	
9							\$	
10							\$	
	Attach list if insufficient space.							
	irrent maintenance logbook kept f please provide details.	or every crane as r	equired by as A	S2550.4 and/or /	AS2550.5?		Yes	No
1 ,								
Are all units fully maintained by a formal preventative maintenance program as outlined in the same Australian Standard?					Nc			
lf yes,	please provide details.							
Are Ci	ranes fitted with operational audibl	e and visual Overlo	oad Alarms?				Yes	Nc

Are Cranes fitted with operational audible and visual Overload Alarms? If No, please provide full details.



3 monthly and annual inspections as required by the Standard?	5	
What is the name or Company of the 'competent person' (as defined in relevant Australian Standards) who performs the 10 year overhaul as required by the Standard?		
Is a JSA (Job Safety Statement) or SWMS (Safe Work Method Statement) completed by a supervisor or manager before works commence on major construction sites? If yes, please provide details.	Yes	No
What is the operators' years of experience with using this type of equipment?		
Are operators issued with a SOP (Safe Operating Procedures) Manual? If yes, please provide details.	Yes	No
Are operators instructed to complete a pre-trip / daily visual inspection of their unit and is this checked by supervisor / manager? If yes, please provide details.	Yes	No
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:

 (i) In the event of damage, do not have parts available locally and / or the requisite expertise to be able to conduct repairs in Australia. 	Yes	No
If yes, please provide details.		
(ii) Are subject to warranty conditions, which would inhibit warranty repairs being conducted in Australia?	Yes	No
If yes, please provide details.		

Please advise the nature of goods being lifted.

Please advise if any items may be used on a barge, under or over water or for Stevedoring Services? If Yes, and you require cover to be extended please refer to questionnaire.	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
Provide full Description of Activities Undertaken, who oversees work and for which cover is required.		

Provide Turnover generated by each activity undertaken by the Business, you require covered by this Policy.

Activity	Actual turnover last 12 months	Estimated turnover next 12 months		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

If insufficient lines please attach additional sheet detailing the above.





NSW Suite 3, Level 18 201 Kent St Sydney, NSW 2000

Level 14 141 Walker St North Sydney, NSW 2060

The Forum, Level 3 240 Pacific Highway Charlestown, NSW 2290

> QLD Suite 1, Level 22 345 Queen St Brisbane, QLD 4000

WA PO Box 864 Joondalup DC, WA 6919