

360 Plant and Equipment Lifted Goods Extension Questionnaire





Lifted Goods Extension **Questionnaire**

Please advise details of the insured items used for lifting goods

ltem	Description			Age		
1						
2						
3						
4						
5						
Please ad	vise the value of the Lifted Goods Co	ver required?	\$			
Please de	etail the types of goods being lifted:					
Fragile [☐ Yes ☐ No	Size	Max Weight			
Do you ur	ndertake any Dual Lifting?			Yes	□No	
If Yes	, how often and types of items being	lifted?				
Do you ha	ave established written procedures av	ailable to all operators for this process?		Yes	□No	
What is your estimated Turnover from the Lifting Operations?						
Please de	tail your experience in the lifting activi	ities to be undertaken:				
Please ad	vise details of any damage caused or	sustained during any lifting operations in t	he past 3 years:			





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