



Casualty & Surety, Inc.
 100 Corporate Parkway, Suite 350
 Birmingham, AL 35242

205.995.0713 Phone
 205.995.0862 Fax
 WWW.CSIAPEX.COM



Crane Operator Supplement _____(CSICO2/O1)

Named Insured: _____

1.) What is your geographic Area of operation, broken down by state: _____

2.) Provide estimated breakdown of annual gross receipts and payroll for the following categories:

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

3.) 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? _____

4.) How is weight of objects to be lifted established? _____

5.) Who attaches the hook to the object to be lifted? _____

6.) 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.)

7.) Are overload and load angle charts present in the cab? _____

8.) Do you rent equipment other than cranes? Yes No

- 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)? \$

9.) Operators and oilers are Employed Leased Number of operators: _____ Number of oilers: _____
 All other employees: _____ Operators with CCO designation: _____

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10.) Do you have loss control and maintenance programs? Yes No If yes, provide details.

- a.) Name of employee responsible for safety program: _____
- b.) Regular safety meetings with employees? Yes No
- c.) Screening or reference process for new operators? Yes No
- d.) What is the minimum age for operators? _____
- e.) Schedule for maintenance program? Yes No
- f.) Written form used for crane inspections? Yes No
- g.) An accident report form? Yes No
- h.) Are cranes certified? Yes No If so, how often and by whom? _____
- i.) Are certificates of insurance required from lessees on bare rentals? Yes No
- j.) Are MRV's ordered on all drivers? Yes No If yes, how often? _____
- k.) Are operators assigned a certain crane to operate? Yes No

11.) Attach a list of equipment and value.

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

Year	Incurred	Reserved	Paid
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

13.) Please provide the following information on a separate sheet:

- a.) Individual losses in excess of \$5,000.
- b.) Details and full amount of each loss paid or reserved.
- c.) Details of all open losses.

Signed: _____

Date: _____