



Construction

Tower Crane Questionnaire

Completion of this form does not bind coverage. Applicant's acceptance of the Insurer's Quotation is required before insurance may be bound and policy issued.

The following questionnaire must be filled by insured's who own, rent and/or operate tower / hammerhead / luffing cranes.

If crane and lifting operations are subcontracted, please only fill the "Management" section.

1. OPERATIONS

What safety devices are the tower cranes equipped with?

- i. Trolley traveling limiter; Yes No N/A
- ii. Hoisting limiter; Yes No N/A
- iii. Lowering limiter (if applicable); Yes No N/A
- iv. Slewing limiter; Yes No N/A
- v. Load monitor and /or maximum load limiter; Yes No N/A
- vi. A Frame Position limiter (if applicable) Yes No N/A
- vii. Load moment limiter; Yes No N/A
- viii. Fail-safe braking systems; Yes No N/A
- ix. Power resumption motor restart control; Yes No N/A
- x. Aircraft warning lights; Yes No N/A
- xi. Lightning arrestor; Yes No N/A
- xii. Anemometer; Yes No N/A
- xiii. Camera system; Yes No N/A
- xiv. Power line proximity warning alarm with automatic shut-down; Yes No N/A
- xv. Insulating link and anti two block device Yes No N/A
- xvi. Jib angle indicator (for luffing crane); Yes No N/A

xvii. Luffing limiter (for luffing crane)

Yes No N/A

xviii. Locking mechanism installed directly onto the luffing drum;

Yes No N/A

What are the minimal acceptable training, experience & qualifications criteria for a crane operator to operate a tower/hammerhead/luffing within the company? _____

What are the minimum acceptable training, experience & qualifications criteria for the ground crew (signal person, riggers, etc.) within the company? _____

How is the daily inspection for the crane and rigging equipment performed? _____

Does the company have a dedicated crane inspector or is the operation completed by the crane operator? _____

How are weather conditions monitored throughout the day? _____

Who is responsible for the rigging operations at jobsites? _____

Are subcontracted rigging crews used? _____

Does the company performed tandem lifts and / or complex lift operations? _____

How are tandem/complex lifts planned? _____

Does the company use 3D simulation? _____

How are crane safety problems handled? _____

How are safe lift path and fall zones delineated and communicated? _____

Do you perform the erection and dismantlement of the tower crane?

Yes No

If no, how is the Contractual Risk Transfer handled with the company responsible for those operations?

2. ERECTION/DISMANTLEMENT PHASE

Please fill in the following questions if you complete the erection and the dismantling of the cranes:

Are all parts of the tower cranes inspected by a qualified crane inspector before any erection procedures begin? Yes No

Who is responsible for the development of the tower crane erection/dismantlement procedures? _____

When manufacture manuals are not available and/or insufficient, how is the criteria for erection/dismantlement established?

Who is responsible for the supervision of the tower crane erection/dismantlement phase at the jobsite including soil verification?

Is the post-dismantlement inspection performed by a third-party inspector? Yes No

3. MAINTENANCE

Do you perform routine maintenance, repairs or modifications on your cranes? Yes No

Who is responsible to perform the annual maintenance inspection for each tower crane? _____

What are the inspection requirements for the rigging gears and crane attachments? _____

How are the emergency maintenance operations being managed? _____

Is maintenance provided in-house or subcontracted out? _____

If subcontracted, how is liability managed? Ex. Certificates of Insurance obtained, added as an Additional Insured, etc?

How are maintenance personnel certified/trained to perform this work? _____

What is the crane fleet renewal policy? _____

How is the crane lifecycle managed? _____

4. MANAGEMENT – CONTRACTUAL RISK TRANSFER

What type of construction jobs involve the use of tower cranes?

- i. Building demolition Yes No
- ii. Building renovation, structural alterations or repairs Yes No
- iii. Building erection Yes No
- iv. Bridge construction Yes No
- v. Waterworks Yes No
- vi. Others: _____

If crane / lifting operations are subcontracted:

- i. Does the subcontractor carry a minimum \$5,000,000 limit for its CGL policy? Yes No
- ii. Do you have a copy of the Certificate of Insurance (CoI)? Yes No
- iii. Are you added as an Additional Insured? Yes No

Do you rent or lease your owned tower cranes? Yes No

What degree of liability do you assume? Please provide a copy of the rental agreement _____

Do you operate "de-rated" cranes? Yes No

Do you sell your used cranes? Yes No

If yes, how is risk transferred (warranty/no warranty, as-is basis, etc.)? _____

Do you purchase used tower cranes? Yes No

If Yes, what are the insured's equipment validation process? _____

Are there any additional risk control measures that pertain to your operations: _____

5. DOCUMENTS TO BE FORWARDED TO CNA

- i. Annual maintenance inspection report for each crane tower owned
- ii. Shift / weekly / monthly tower crane inspection checklist
- iii. Rental agreement, if applicable

6. APPLICANT DECLARATION & STATEMENT

WARRANTY STATEMENT

Applicant declares that the information provided in this Application, as well as any supplemental information attached to this Application, is true, accurate and complete, and that no material facts have been omitted. Applicant acknowledges a continuing obligation to report to the CNA Company to whom this Application is made ("CNA"), as soon as practicable, any material changes in all such information, after signing the Application and prior to issuance of the policy, and acknowledges that CNA shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes. Whereas completion of this Application and signing it does not bind coverage, the Applicant acknowledges and agrees that this Application shall be the basis of the contract if a policy is issued, and that if a policy is issued, CNA will have relied upon, as representations, the Application and any supplemental information attached to this Application, all of which are incorporated by reference to this Application and made a part hereof. Applicant acknowledges that the misrepresentation or failure to disclose material information in the Application could result in a denial of coverage or the issued policy being voidable or void.

Applicant:

By: _____
*Signature and Title, * as well as Printed Name of Authorized Representative*

Date: _____

*** Application must be signed by the Chief Executive Officer, Principal of the Company, Chief Financial Officer, Chief Operating Officer, General Counsel or Risk Manager**