



CRANE SUPPLEMENT

1. Are cranes used on a regular basis? Yes No

Are cranes:

Owned Leased Both

Maximum crane capacity operated: _____

Types of cranes used: _____

Types of projects involving cranes: _____

Typical objects lifted: _____

2. Crane-related operations performed (check all that apply)

- Tandem lifts
- Near water's edge
- Power plant / refinery / chemical plant work
- Other: _____
- Waterborne / barge-mounted lifts
- Near live power lines
- Critical lifts near capacity

Are crane operators employees, union temporary workers, or leased operators? _____

Minimum operator qualification / certification required: _____

Describe crane safety program and attach copy: _____

Lift plans required for critical lifts? Yes No

Ground conditions reviewed before lifts? Yes No

Qualified staff available to engineer lifts? Yes No

Written outrigger guidelines in place? Yes No

Maximum wind-speed guideline in place? Yes No

Anti two-block devices used where applicable? Yes No

Boom angle indicators or digital alarms used? Yes No

3. If any high-hazard crane operations are checked above, describe the insured's experience, expertise, and recent examples of comparable lifts.

4. Cranes rented to others (complete if applicable)

Any cranes rented to others? Yes No

Revenue with operator: \$ _____

Revenue without operator: \$ _____

Certificates of insurance collected? Yes No

Full boom physical damage coverage required by contract? Yes No

Hold harmless clause in contract? Yes No

Indemnification clause in contract? Yes No

Additional insured status required? Yes No

Attach crane rental agreement: Included To follow



5. Formal preventive maintenance program in place?
Attach copy or summary:

- Yes No
- Included
- To follow
- Yes No
- Yes No

Daily pre-use inspections completed?

Maintenance logs maintained?

Who performs servicing?

Third party In-House Dealer Mixed

Typical servicing interval:

GPS / telematics on high-value equipment?

Anti-theft marking applied?

- Yes No
- Yes No

DECLARATION AND SIGNATURE

By signing, I consent to Revau collecting, using and disclosing my personal information (including, where applicable, financial and/or credit information) for the analysis and management of my insurance application, including disclosure to authorized third parties (insurers, reinsurers and service providers). I acknowledge that my personal information may be processed or stored outside my province or outside Canada and that I may exercise my rights of access, correction and withdrawal of consent, subject to applicable obligations.

I declare that the statements provided are true and complete to the best of my knowledge. Agreed

Name of authorized signatory: _____

Title: _____

Date: _____

Applicant's signature: _____

Please send the completed, signed and dated application to underwriting@revau.com.