

Trailer & Work Truck Manufacturers Insurance Program

AERIAL DEVICE QUESTIONNAIRE

1. Exposure:

2)

(a)	Indicate anticipated sales for cranes or aerial devices manufactured by you:	\$		
(b)	Indicate anticipated sales for cranes or aerial devices installed by you:	\$		
(c)	Anticipated sales of aerial devices or cranes manufactured by others:	\$		
(d)	Anticipated receipts for installation, service or repair work on cranes and aerial devices:	\$		
(e)	When did you begin selling/installing or distributing these products?			
(f)	For the past five years, provide a breakdown of your sales for these products:			
	Current Year First Prior Second Prior Third Prior	Fou	ırth Prior	
(f)	What businesses are your customers in?			
	✓ Provide pictures, diagrams and/or a detailed description of these products, ind	cluding	g heigl	ht and
	load capacity			
Co	ntrols:			
(a)	Do you, or the manufacturer of your product, provide operating instructions?	Yes	No	
(b)	Attach a copy of operating instructions.			
(c)	If a distributor, do manufacturers hold you harmless?	Yes	No	
(d)	Do you obtain Certificates of Insurance from all suppliers?	Yes	No	
(e)	Is the finished product clearly labeled for load capacity?	Yes	No	
(f)	Do you test cranes or aerial devices for stability?	Yes	No	
(g)	Does your manufacturer require test results to be filed with the manufacturer?	Yes	No	
(h)	What is the maximum vertical height reached by the cranes or aerial devices?			feet
(i)	Do you install any device or product that lifts humans or is designed to dig holes?	Yes	No	
(j)	Describe technical training provided to distributors of your products:			
(g)	Describe your customer complaint management program:			_
(h)	Describe your products recall program:			_
	Are your products clearly identifiable?	Yes	No	
	Do you maintain a record of product sales for the life of the product?	Yes	Nο	