

## LIFTED GOODS EXTENSION QUESTIONNAIRE

Please advise details of the insured items used for lifting goods

Item	Description	Age
1		
2		
3		
4		
5		

Please advise the value of the Lifted Goods Cover required? \$

Please detail the types of goods being lifted:

Fragile  Yes  No Size Max Weight

Do you undertake any Dual Lifting?  Yes  No

If Yes, how often and types of items being lifted?

Do you have established written procedures available to all operators for this process?  Yes  No

What is your estimated Turnover from the Lifting Operations? \$

Please detail your experience in the lifting activities to be undertaken:

Please advise details of any damage caused or sustained during any lifting operations in the past 3 years: