

# Pro-ii



## CRANE INSPECTION SERVICES APPLICATION

**In addition to completing all questions on the application, please also attach the following for submission:**

1. Professional qualifications (i.e. resume or c.v.) of each of the owners, partners, officers and key employees.
2. Description of professional societies and organizations to which the Applicant belongs.
3. Advertisements, brochures, and descriptive literature on the Applicant's business.
4. Sample contract for services between the Applicant and its clients.
5. Load test procedures document, inspection checklist,

### **I. General Information**

1. Full name of Applicant: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Website: \_\_\_\_\_
4. Phone Number: \_\_\_\_\_
5. Date Established: \_\_\_\_\_
6. Number of employees including principals: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_ Total \_\_\_\_\_
7. In the past five years has the applicant ever changed names or been party to any acquisition, consolidation, merger, or dissolution? Yes [ ] No [ ] If yes, attach a description
8. Is the Applicant a subsidiary of another entity or have any subsidiaries? If Yes, provide details. [ ] Yes [ ] No
9. Please list the state(s) in which the applicant will be performing these services and the percentage of work in that state:

State	Percentage	State	Percentage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
10. Does the applicant or any related entity have any ownership in any other company? Yes [ ] No [ ]  
If yes, attach a description including %
11. Does the applicant provide any services on any project or for any entity in which the applicant or any related entity has ownership? Yes [ ] No [ ]  
If yes, attach a description including %
12. During the last year has the name of the Applicant been changed? Yes [ ] No [ ]  
If Yes, provide details
13. What limits of liability would you like us to quote \$500,000 \_\_\_\_\_ \$1,000,000 \_\_\_\_\_ \$2,000,000 \_\_\_\_\_ Other \_\_\_\_\_
14. What deductible would you like us to quote \$5,000 \_\_\_\_\_ \$10,000 \_\_\_\_\_ \$25,000 \_\_\_\_\_ Other \_\_\_\_\_
15. List the Licensed Inspectors whom will perform the services for which coverage is being applied. (must be scheduled)

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



2. What is the Applicant's total annual payroll? \$ \_\_\_\_\_
3. Does the Applicant distribute or give any product to any client? [ ] Yes [ ] No  
If Yes, describe the product and provide the number of products distributed. \_\_\_\_\_
4. Does the Applicant have a written safety program in place? [ ] Yes [ ] No
5. Does the Applicant have written procedures for incident reporting? [ ] Yes [ ] No
6. Do any of the Applicant's locations have any:
  - (a) Exposure to flammables, explosives, chemicals? [ ] Yes [ ] No
  - (b) Catastrophe exposure? [ ] Yes [ ] No
  - (c) Exposure to radioactive materials? [ ] Yes [ ] No
7. Do any of the Applicant's operations involve excavation, tunneling, underground work or earth moving? [ ] Yes [ ] No
8. Does the Applicant:
  - (a) Loan or rent machinery or equipment to others? [ ] Yes [ ] No
  - (b) Own any elevators or escalators? [ ] Yes [ ] No
  - (c) Own, hire or lease any watercraft, docks or floats? [ ] Yes [ ] No
  - (d) Provide any recreational facility? [ ] Yes [ ] No
  - (e) Have a swimming pool on the premises? [ ] Yes [ ] No
  - (f) Sponsor any conventions, meeting, sporting or social events? [ ] Yes [ ] No
  - (g) Draw plans, designs, or specifications? [ ] Yes [ ] No
9. What percentage of inspections are performed on cranes which are operated in New York City? \_\_\_\_\_ %

**IV. Claims and History**

1. Have any of the Applicants Owners, Employees, and/or Independent Contractors ever been the subject of disciplinary action by authorities as a result of their professional activities Yes [ ] No [ ]
2. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him/her? Yes [ ] No [ ]
3. After inquiry have any claims been made against any proposed Insured(s) during the past five (5) years? Yes [ ] No [ ]  
If YES, please complete a supplemental Claims Information form for each claim.
4. How many claims have been made in the past five (5) years \_\_\_\_\_

5. Previous Professional Liability Insurance:

Policy Period	Insurer	Limits of Liability	Deductible	Retro Date

6. Provide the applicant's current general liability coverage  

Insurance Company	Type of Coverage	Bodily Injury Limit	Property Damage Limit	Eff Date
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7. If no prior coverage, provide No-Known Loss Letter for minimum of past 5 years.

Must be signed by director, executive officer, partner or equivalent within 60 days of the proposed effective date.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date