



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, provide detail on addendum at end of application
8. Is applicant incorporated and/or registered in the State/municipality of location, specifically for the operations that it performs? Yes [] No [] N/A [] If No or N/A, provide detail on addendum
9. Is the Applicant a subsidiary of another entity or have any subsidiaries? If Yes, provide details on addendum. Yes [] No []
10. 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
11. Does the applicant or any related entity have any ownership in any other company? Yes [] No []
If Yes, provide details on addendum including %
12. Does applicant provide any services on any project or for an entity in which the applicant or any related entity has ownership? Yes [] No []
If yes, provide detail on addendum including %
13. During the last year has the name of the Applicant been changed. If Yes, provide details on addendum. Yes [] No []
14. What limits of liability and deductible(s) are being sought? Limit _____ Ded _____
15. Does the applicant require substance abuse testing at time of hiring and periodically through employment. Yes [] No []
If No, provide details on addendum.
16. List the Licensed Inspectors whom will perform the services for which coverage is being applied. (must be scheduled)

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

If more than 2 inspectors, attach addendum listing the additional names and ages.

II. Operational Details

1. (a) Please provide the gross billings for services listed below that were performed by the applicant.

Last 12 months	Current 12 months	Projected 12 months

2. Please include a list of the applicant's five largest jobs in the last three years:

Project/Client Name	Nature of Services	Gross Revenues

3. Indicate the percentage of total services provided in each of the following areas:

	Percentage
(a) Shipyard Mobile Crane and Rigging Inspection	_____%
(b) Non-Shipyard Mobile Crane and Rigging Inspection	_____%
(c) Tower Crane Inspection	_____%
(d) Welding Inspection	_____%
(e) Construction Site Inspection	_____%
(f) Non-Destructive Testing	_____%
(g) Operator Training	_____%
(h) Crane and Equipment Service and/or Repair	_____%
(i) Other (specify) _____	_____%
Must Equal 100%	

4. Do you perform an service or repair on equipment that you also inspect? Yes No N/A

5. How many inspections does the Applicant perform annually? _____

6. Provide details of the types of clients for which services are provided:

	Percentage
(a) Crane Rental Companies	_____%
(b) Utility Companies	_____%
(c) Manufacturers or Dealers	_____%
(d) General Construction	_____%
(e) Shipyards/Loading Docks	_____%
(f) Mining Operations	_____%
(g) Other (specify) _____	_____%
Total must equal 100%	

7. Does the Applicant subcontract inspection work to others? Yes No

(a) What percentage of revenue? _____% Yes No

(b) Is evidence of appropriate license or accreditation required? Yes No

(c) Does the Applicant require evidence of Professional Liability Insurance with limits equal to those being applied for? Yes No

8. Indicate if the Applicant's training and accreditation includes:

(a) State OSHA Accreditation Yes No

(b) Federal OSHA Accreditation Yes No

(c) Member of Crane Certification Association Yes No

(d) Member Association of Crane Rigging Professionals Yes No

III. General Liability Section

1. Complete the following for each of the Applicant's facilities: (If additional space is needed attach document)

Name of Facility	Address	Description of Facility	Does the Applicant Maintain a Garage?

Sq Footage	Year Built	# Stories	Type of Construction (frame, brick, concrete)	% of Building Occupied by Applicant

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

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2014, the date on which the TRIA Program is scheduled to terminate or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of {Missing}
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Signature

{Missing} Syndicate on behalf of certain
underwriters at Lloyd's

Print Name

Policy Number

Date