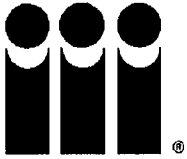


Pro-ii



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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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? _____ %

(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	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Federal OSHA Accreditation	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Member of Crane Certification Association	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Member Association of Crane Rigging Professionals	<input type="checkbox"/> Yes <input type="checkbox"/> 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