

SUPPLEMENT FOR CRANE INSPECTION SERVICES

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

1. Full name of Applicant: _____

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

	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Percentage
(a) Shipyard Crane and Rigging Inspection.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____ %
(b) Non-Shipyard Crane and Rigging Inspection.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____ %
(c) Welding Inspection.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____ %
(d) Crane and Equipment Service and/or Repair*.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____ %
(e) Construction Site Inspection.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____ %
(f) Non-Destructive Testing.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____ %
(g) Operator Training.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____ %
(h) Other (specify) _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____ %
TOTAL					100%

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

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

	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Percentage
(a) Utility Companies.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____ %
(b) Manufacturers.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____ %
(c) General Construction.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____ %
(d) Shipyards/Loading Docks.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____ %
(e) Mining Operations.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____ %
(f) Other (specify) _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____ %
TOTAL					100%

5. Does the Applicant subcontract inspection work to others?..... Yes No
If Yes,

- (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

6. Does the Applicant subcontract repair, servicing, "wrench turning," installation, fabrication or construction of any kind whatsoever*?..... Yes No

*NOTE: No coverage is afforded for repair, servicing, "wrench turning," installation, fabrication or construction of any kind whatsoever.

7. 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

8. As part of this Supplement attach the following:
- (a) Copies of professional licenses and/or accreditations
 - (b) Resumes of all active owners and key employees
 - (c) Load test procedures document
 - (d) Client service agreement or disclaimer wording used
 - (e) Written contracts used
 - (f) Certificate of General Liability Insurance in force

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.

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