

Roush Insurance Services, Inc.

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- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

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:

				Percentage
(a) Shipyard Crane and Rigging Inspection	[] Yes	[] No		_____ %
(b) Non-Shipyard Crane and Rigging Inspection.....	[] Yes	[] No		_____ %
(c) Welding Inspection	[] Yes	[] No		_____ %
(d) Crane and Equipment Service and/or Repair*	[] Yes	[] No		_____ %
(e) Construction Site Inspection	[] Yes	[] No		_____ %
(f) Non-Destructive Testing	[] Yes	[] No		_____ %
(g) Operator Training	[] Yes	[] No		_____ %
(h) Other (specify) _____	[] Yes	[] 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:

				Percentage
(a) Utility Companies.....	[] Yes	[] No		_____ %
(b) Manufacturers	[] Yes	[] No		_____ %
(c) General Construction.....	[] Yes	[] No		_____ %
(d) Shipyards/Loading Docks	[] Yes	[] No		_____ %
(e) Mining Operations	[] Yes	[] No		_____ %
(f) Other (specify) _____	[] Yes	[] No		_____ %
TOTAL				100%

5. Does the Applicant subcontract:

- (a) Inspection work to others?..... [] Yes [] No
 If Yes,
 - (i) What percentage of revenue? _____ %
 - (ii) Is evidence of appropriate license or accreditation required?..... [] Yes [] No
 - (iii) Does the Applicant require evidence of Professional Liability Insurance with limits equal to those being applied for?..... [] Yes [] No
- (b) Any 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.

6. Does the Applicant or any related or affiliated organization rent, manufacture, sell, install, service, repair or maintain equipment that is also inspected by the Applicant? [] Yes [] No

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

- (a) State OSHA Accreditation
- (b) Federal OSHA Accreditation.....
- (c) Member of Crane Certification Association.....
- (d) Member Association of Crane Rigging Professionals

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

Agency _____

Phone _____

Address _____

Fax _____

City _____

State _____ Zip _____