



# OLD REPUBLIC INSURANCE COMPANY

## OLD REPUBLIC INSURANCE COMPANY MISCELLANEOUS PROFESSIONAL LIABILITY

This Supplement should be submitted to:

Chicago Underwriting Group, Inc.  
191 N. Wacker Drive  
Chicago, IL 60606  
(312) 750-8800

### CRANE INSPECTOR SUPPLEMENT

1. Name of Applicant:

\_\_\_\_\_

2. How many inspections does the Applicant perform annually? \_\_\_\_\_

3. Does the Applicant provide any of the following services? If Yes, indicate the percentage of total revenues:

Construction Site Inspection	[ ] Yes [ ] No	___%
Crane and Equipment Service and/or Repair	[ ] Yes [ ] No	___%
Crane and Rigging Inspection (other than shipyard)	[ ] Yes [ ] No	___%
Non-Destructive Testing	[ ] Yes [ ] No	___%
Operator Training	[ ] Yes [ ] No	___%
Shipyard Crane and Rigging Inspection	[ ] Yes [ ] No	___%
Welding Inspection	[ ] Yes [ ] No	___%
Other (specify)	[ ] Yes [ ] No	___%
<b>Total must equal <u>100%</u></b>		

4. Indicate the percentage of the Applicant's clients in the following categories:

General Construction	___%
Manufacturers	___%
Mining Operations	___%
Shipyards/Loading Docks	___%
Utility Companies	___%
Other (specify)	___%
<b>Total must equal <u>100%</u></b>	

5. Does the Applicant subcontract inspection work to others? [ ] Yes [ ] No

If Yes,

What percentage of work is subcontracted? \_\_\_%

Is evidence of appropriate license or accreditation required? [ ] Yes [ ] No

Does the Applicant require proof 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.

7. Does the Applicant's training and accreditation include the following?

State OSHA Accreditation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Federal OSHA Accreditation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Member of Crane Certification Association	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Member of Association of Crane Rigging Professionals	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8. Attach the following:

- Copies of professional licenses and/or accreditations
- Resumes of all active owners and key employees
- Load test procedures document
- Client service agreement or disclaimer wording used
- Written contracts used
- Certificate of General Liability Insurance in force

It is understood and agreed that this supplemental application shall become part of the Application for the policy.

**THIS APPLICATION MUST BE SIGNED BY AN OWNER, OFFICER OR PARTNER.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title (Please Print): \_\_\_\_\_