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MISSISSIPPI INSURANCE DEPARTMENT
ELEVATOR SAFETY DIVISION
501 N. WEST STREET, SUITE 1001
WOOLFOLK BUILDING
JACKSON, MISSISSIPPI 39201
www.mid.ms.gov

Application for Elevator **Inspection Company** License

Check appropriate
box:

LLC ☐ Sole proprietor ☐ Partnership ☐ Domestic Corporation ☐ Other Corporation ☐

If a sole proprietor, the name, residence address, and business address of the applicant. If a partnership, the name and residence and business address of each partner. If a domestic corporation, the name, and business address of the corporation and the name and residence address of principal officer of the corporation. If a corporation other than a domestic corporation, the name, and address of a local agent who shall be authorized to accept service of process and official notices. Provide all information on additional sheets and attach to this application if necessary.

Name (if applicable) _____

Residence Address (if applicable) _____

Business Name _____

Business Address _____

Previous License Number (if applicable) _____

Principal Officer (if applicable) _____

Local Agent (if applicable) _____

Local Agent Address (if applicable) _____

Business Phone Number _____ Email _____

Federal Employer Identification Number (FEIN) _____

Elevator **Inspection Company's** License

Covers all activities of installation, alteration, service, replacement, or maintenance on all conveyances under statute HB 817 (2013 Regular Session). Must provide the following documentation with this application:

- 1.) A current Certificate of Insurance issued by an insurance company authorized to do business in the state to provide general liability coverage of at least one million dollars (\$1,000,000) for injury or death of any number of persons in any one occurrence and at least five hundred thousand dollars (\$500,000) for property damage in any one occurrence and the statutory workers' compensation insurance coverage. **Annual verification of coverage required.**

Provide a Certificate of Liability Insurance on the ACORD form. Only this form will be accepted. Have this form name as certificate holder: ELEVATOR SERVICES DIVISION, MISSISSIPPI INSURANCE DEPARTMENT, PO BOX 79, JACKSON, MS 39205-0079.

Effective Date of Coverage: _____

- 2.) A list of all Mississippi licensed **inspectors** in your employ at the time of application.

- 3.) Check or money order in the amount of \$300.00 payable to the Mississippi Insurance Department.

Number of years has your company been in the business of inspecting elevators or related conveyances. _____

All records of criminal convictions of owner or **inspectors**, if none, please so state:

Signature _____

Date _____