

CRANE INSPECTION SERVICES PROFESSIONAL LIABILITY SUPPLEMENTAL APPLICATION

I. INSTRUCTIONS

1. **Complete in addition to the Richmond National Miscellaneous Professional Liability Application.**
2. All application questions must be fully answered. If more space is needed, continue on a separate sheet and indicate the question number.
3. If a question does not apply, write "N/A".
4. As part of the 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

II. GENERAL INFORMATION

Applicant Name: _____

Policy Number: _____

III. PROFESSIONAL SERVICES

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

Shipyards Crane and Rigging Inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Non-Shipyards Crane and Rigging Inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Welding Inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Crane and Equipment Service and/or Repair	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Construction Site Inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Non-Destructive Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Operator Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Offshore Platforms & Rigs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		% TOTAL

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

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

Utility Companies	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Manufacturers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
General Construction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shipyards / Loading Docks	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mining Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		% TOTAL

4. Does the Applicant subcontract inspection work to others? ☐ Yes ☐ No

If yes,

- a. What percentage of revenues? % ☐ Yes ☐ No
- 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

5. 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.

6. 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 of Association of Crane Rigging Professionals ☐ Yes ☐ No

IV. FRAUD WARNINGS

General Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable Notice to Applicants in:

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Alaska	Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
California	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia:	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
New Hampshire	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
New Jersey	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
New York	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	Warning: any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Oregon	Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Texas	Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Virginia	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Washington	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

THIS CRANE INSPECTION SERVICES PROFESSIONAL LIABILITY SUPPLEMENT IS ATTACHED TO AND FORMS A PART OF THE RICHMOND NATIONAL MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.

Name of Applicant:		
Signature of person authorized to execute on behalf of the Applicant:		Date:
Print name and title of person authorized on behalf of the Applicant:		
Agent/Broker Name:		