



Marine Composite Application

Applicant General Information

Name of Insured _____

Mailing Address _____

City _____ State _____ Zip Code _____

Inspection Contact Name & Telephone # _____

Name of all Principals

Individual Partnership Corporation Other _____

Producer's Name _____ Mailing Address _____

City _____ State _____ Zip Code _____

Telephone # _____

Nature of Business/Description of Operations

Years in Business _____ Effective Date Coverage _____

Current Insurance Carrier, expiring premium and policy expiration

Other businesses owned by Applicant (Describe)

Is the Applicant a subsidiary of any other entity or does the insured have any subsidiaries? Yes No

If yes, describe

Has the policy or coverage been declined, canceled or non renewed within the last five years? Yes No

If yes, describe

Loss History for the last five (5) years

(Attach a copy of the loss runs)

Applicant General Information Continued**Location Addresses**

Location 1 _____

Location 2 _____

Location 3 _____

Coverages Requested

<input type="checkbox"/> Marina Operations Legal Liability	<input type="checkbox"/> Piers & Docks
<input type="checkbox"/> General Liability	<input type="checkbox"/> Contractors Equipment/Tools
<input type="checkbox"/> Protection & Indemnity	<input type="checkbox"/> Owned Watercraft
<input type="checkbox"/> Boat Dealers	<input type="checkbox"/> Property Insured

Please complete the applicable sections of this application

Fire Protection **Location 1** **Location 2** **Location 3**

Paid or Volunteer

Distance from location

Public Fire hydrants number distance

Private fire protection for rack storage

Is there a formal fire safety program in force?

Describe any private fire protection

Security **Location 1** **Location 2** **Location 3**

U/L Certified central station alarm

Watchman employed/hours on location

Alarm with outside siren or gong

Is location completely fenced?

Are there floodlights?

Does applicant live on location?

Is there a Watchdog on location?

Employees

Number of key employees _____ Number of years employed by Applicant _____

Section I - Boat Dealer's Coverage

Limit Requested _____ Deductible Requested _____

Loss Payee Name _____ Mailing Address _____

City _____ State _____ Zip Code _____

Telephone # _____

Additional Interest (Explain)

Section I - Boat Dealer's Coverage Continued

Watercraft Sold	Manufacturer	% Sold
Power Boats		
Sail Boats		
High Performance Watercraft		
Personal Watercraft		
Accessories		
Motors		
Trailer		
Other <i>(Explain)</i>		

Locations	Last Inventory & Date	Average Monthly Inventory	Maximum Monthly Inventory
Location 1: Inside			
Outside			
In Water			
Location 2: Inside			
Outside			
In Water			
Location 3: Inside			
Outside			
In Water			

Transit Exposures			
Number of watercraft delivered annually	_____	% via Land	_____
% via Water	_____	Highest Value via Land	_____
Highest Value via Water	_____	Maximum Miles over land	_____
Maximum Miles over water	_____	Watercraft % by Common Carrier	_____
Watercraft % by applicant's vehicle(s)	_____		

Boat Shows	
Numbers of Shows Annually	_____
Maximum Number of Watercraft at each show	_____
Maximum distance to show	_____
How Transported <i>(Describe)</i>	_____

Section I - Boat Dealer's Coverage Continued

Yes No

Demonstrations

Maximum value any one watercraft _____ Number per month _____

Maximum MPH of watercraft _____

Is watercraft under the command of a competent employee? Is all U.S. Coast Guard safety equipment on board? **Boat Dealer's Endorsements**1. False Pretense (*Check if coverage is desired*)Describe all customers screening practices (*Identification check, credit check, title check, etc.*)

_____Does sales person accompany all potential customers on all test drives? **Limits Desired:**
 \$50,000 \$100,000
 \$300,000 \$500,000 \$1,000,000
2. Errors & Omissions Liability Coverage for the Following (*Check if coverage is desired*)
 Truth in Lending Truth in Leasing
 Engine Hours Reading Title Errors and Omissions
Limits Desired:
 \$50,000 \$100,000
 \$300,000 \$500,000 \$1,000,000
Does dealer have written procedures for handling titles listing proper loss payees?

Section II - Marina Operator's Legal Liability

Limit Requested _____ Deductible Requested _____

Additional Interest (*Explain*)

_____**Repair Operations**

Type of Watercraft Repaired _____ Type of Work Performed _____

Average/Maximum Value of Watercraft Repaired _____

Are Owners Allowed to work on their own Watercraft? Are subcontractors hired to do any repairs to Watercraft on your behalf? If yes, describe

Is COI obtained and is Applicant named as an Additional Insured? _____

Section II - Marina Operator's Legal Liability *Continued*

Dry Storage	Location 1	Location 2	Location 3
Average/Maximum Value Stored Inside			
Average/Maximum Value Stored Outside			
Are Watercraft Stored on Inside Racks			
Are Watercraft Stored on Outside Racks			
Construction of Building where Watercraft are stored inside			
Building Fire Protection (Sprinklers, Dry Chemical Systems, etc.)			
Number of Watercraft Stored (<i>Inside/Outside</i>)			
Is Applicant compliant with NFPA Storage of Watercraft?			

Please submit a copy of storage agreement with application

Docking/Mooring	Location 1	Location 2	Location 3			
Number of Slips Available for Rent						
Number of Moorings Available for Rent						
Average/Maximum Values of Watercraft						
	Yes	No	Yes	No	Yes	No
Do Any Slips Have Roofs?	<input type="checkbox"/>					
How Many _____	_____	_____	_____	_____	_____	_____
Number of Watercraft stored afloat between 12/1 to 4/1						
Is there a bubbler system?	<input type="checkbox"/>					

Please submit a copy of docking agreement with application

Hauling & Launching		
Number of Watercraft hauled last year _____	Equipment used to haul Watercraft _____	
Rating capacity of lifting equipment _____	Describe maintenance of equipment _____	
Fueling		
Type of Fuel sold:		
<input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Both		
Who performs fueling of Watercraft? _____	Are "No Smoking" signs posted? _____	
Tank Storage locations _____	Is there a master shut off valve? _____	
Are propane tanks refilled on premises?	<input type="checkbox"/>	<input type="checkbox"/>

Other Services		
Please Describe		
Is Limited Pollution Coverage for your Maritime Operation Desired?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, select limits desired:		
<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000		

Section III – Marine Commercial Liability

Limits Requested (Choose One)	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
General Aggregate	\$2,000,000	\$1,000,000	\$2,000,000
Products – Completed OPS Aggregate	\$1,000,000	\$1,000,000	\$2,000,000
Personal & Advertising Injury	\$1,000,000	\$1,000,000	\$1,000,000
Each Occurrence	\$1,000,000	\$1,000,000	\$1,000,000
Damage to Premises Rented to You	\$ 100,000	\$ 100,000	\$ 100,000
Medical Expense (Any One Person)	\$ 5,000	\$ 5,000	\$ 5,000

Deductible Requested _____

Additional Insured Name _____ Mailing Address _____

City _____ State _____ Zip Code _____

Telephone # _____

What is their interest as an Additional Insured (Explain)?

_____**Additional Coverage**

Employee Benefits Limit:

\$1,000,000 per occurrence/\$1,000,000 Aggregate (Check if coverage is desired)
 \$1,000,000 per occurrence/\$2,000,000 Aggregate (Check if coverage is desired)

Deductible \$1,000 Required

Hired/Non Owned Limit \$1,000,000 (Check if coverage is desired)

General Information (Explain all "Yes" responses)Any Medical Facilities provided or medical professionals employed or contracted? Any exposure to radioactive/nuclear materials? Do/Have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc) Any operations sold, acquired, or discontinued in the last 5 years? Any parking facilities owned/rented?

Section III – Marine Commercial Liability *Continued*

	Yes	No
General Information (Explain all "Yes" responses)		
Is a fee charged for Parking?	<input type="checkbox"/>	<input type="checkbox"/>
Recreation facilities provided?	<input type="checkbox"/>	<input type="checkbox"/>
Sporting or social events sponsored?	<input type="checkbox"/>	<input type="checkbox"/>
Does Harbor Master or any other person live on premises?	<input type="checkbox"/>	<input type="checkbox"/>
Any structural alterations contemplated?	<input type="checkbox"/>	<input type="checkbox"/>
Any demolition exposure contemplated?	<input type="checkbox"/>	<input type="checkbox"/>
Have any crimes occurred or been attempted at your location within the last three years?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a formal, written safety and security policy in effect?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any boats in your marina that operates as a boat Bed & Breakfast? If yes , please advise the following:		
What measures have you taken to enhance safety?	<input type="checkbox"/>	<input type="checkbox"/>
What are your rules to the slip renters/owners for this operation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you manage the booking of slip renter's boats?	<input type="checkbox"/>	<input type="checkbox"/>
Do you ensure slip renters/owners/tenants get property insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Does the businesses' promotional literature make any representations about the safety or security of the premises?	<input type="checkbox"/>	<input type="checkbox"/>

Section III – Marine Commercial Liability Continued

Yes No

Is premises owned or leased?

 Owned Leased

If leased, who is responsible for premises Maintenance?

Is there a signed lease?

Are any of the premises leased out?

If yes, are COI required?

Is Additional Insured status required?

Is there a signed lease agreement on file

Is there a pool on the premises?

If yes, is there a diving board?

Is it fenced?

Are regulations posted?

Is there a lifeguard on duty?

What is the depth? _____ Hours of operation _____

Is there a restaurant on premises?

Is it owner operated or leased out?

 Owned Leased

Is it seasonal? (Explain)

Hours and days of operation _____ Type of Restaurant _____

Is there a dance floor?

Is liquor served?

If yes, fill out supplemental application.

Type of Cooking facilities

Products/Completed Operations

Does applicant install, service or demonstrate products?

Foreign products sold, distributed used as components?

Research and development conducted or new products planned?

Guarantees, warranties, hold harmless agreements?

Products recalled, discontinued, changed?

Products of others sold or re-packaged under applicant label?

Products under label of others?

Vendors coverage required?

Does any Named Insured sell to other Named Insureds?

Product manufactured?

Section III – Marine Commercial Liability Continued

	Yes	No			
Products/Completed Operations					
Is Hired & Non Owned Coverage Desired?	<input type="checkbox"/>	<input type="checkbox"/>			
If yes, Does the applicant have auto insurance?	<input type="checkbox"/>	<input type="checkbox"/>			
Does applicant allow any use of personal vehicles for his business?	<input type="checkbox"/>	<input type="checkbox"/>			
Does this happen frequently?	<input type="checkbox"/>	<input type="checkbox"/>			
What is applicants screening process of drivers, please explain	<hr/> <hr/>				
Number of Drivers?					
Any under age drivers	<input type="checkbox"/>	<input type="checkbox"/>			
Is Employee Benefits Coverage Desired?	<input type="checkbox"/>	<input type="checkbox"/>			
If yes, number of employees					
Number covered by employee benefits plan					
If employees have option to enroll or reject employee benefits program does the applicant require a signed acceptance or rejection from each employee?	<input type="checkbox"/>	<input type="checkbox"/>			
Gross Annual Receipts					
Docking/Mooring	\$ _____	Repairs (<i>parts and labor</i>)	\$ _____		
Fueling	\$ _____	Hauling/Launching	\$ _____		
Dry/Winter Storage	\$ _____	Rack Storage	\$ _____		
Ship/Convenience Store	\$ _____	* Restaurant (<i>food and liquor</i>)	\$ _____		
* Liquor	\$ _____	Lessor's Risk	\$ _____		
Campgrounds	\$ _____	Hotel/Motel	\$ _____		
Subcontractors	\$ _____	Boat Rental	\$ _____		
Other (<i>Include source</i>)					
<hr/> * Complete Supplemental Application for Restaurant and Liquor					
Gross Annual Sales					
Boat Sales			Boat Brokerage Sales	_____	
Other Sales (<i>Include source</i>)					
Other					
Pools				Dwellings	_____

	Yes	No			
Section IV - Protection & Indemnity					
Limit Requested			Deductible Requested		
Boat Dealer P&I Coverage	<input type="checkbox"/>	<input type="checkbox"/>			
Moll P&I Coverage	<input type="checkbox"/>	<input type="checkbox"/>			
Workboat P&I Coverage	<input type="checkbox"/>	<input type="checkbox"/>			
Rental Boat P&I Coverage	How Many	<input type="checkbox"/>	<input type="checkbox"/>		
Crew P&I Coverage	How Many	<input type="checkbox"/>	<input type="checkbox"/>		
Other (<i>Explain</i>)	How Many	<input type="checkbox"/>	<input type="checkbox"/>		

Section IV - Protection & Indemnity *Continued*

Yes No

Fully describe workboat/rental boat operations

Crew Coverage

Is crew in the permanent employment of the Applicant?

 What are the duties of crew? *(Describe)*

Section V - Owned Watercraft

Workboats	Description	Value	Location

Deductible Requested _____ What is the primary use of the workboats? _____

Loss Payee Name _____ Mailing Address _____

City _____ State _____ Zip Code _____

Telephone # _____

Rental Boats	Description	Value	Location

Deductible Requested _____

Is rental agreement signed? *(Attach copy)*

What is the minimum age of renter? _____

What are your rental qualifications?

Type of rental operations:

Daily Weekly Other _____

Section VI - Owned Equipment

Contractors Equipment/Tools	Description (Include Age & Serial #)	Value	Deductible	Location

Experience of Operator's

Electronic Data Processing	Location 1	Location 2	Location 3
Hardware Limit			
Media Limit			
Extra Expense Limit			
Deductible Requested			
In Transit Limit			

Signs	Location
Limit Requested	_____
Deductible Requested	_____

Description of signs

Section VII - Marina Fixed and Floating Piers/Docks

Location	Description of Piers/Docks	Year Built	Type of Construction	Fixed or Floating	Open or Covered	Limits of Insurance

Deductible Requested _____

Loss Payee Name _____ Mailing Address _____

City _____ State _____ Zip Code _____

Telephone # _____

Is there a breakwater? Are floating docks removed for winter storage? Are piers/docks equipped with fire extinguishers? Do piers/docks have electrical connections?

Type of electrical connections _____

Describe piers/docks maintenance program

_____Business Interruption Desired?

Limit Requested (Maximum Limit \$500,000) _____

Deductible Requested (Minimum 30 days) _____

When is your peak season of operation? _____ Annual Gross Receipts _____

Percentage Earned during peak season _____

Do you currently have coverage for your Business Interruption?

Section VIII - Property Insurance

Property coverage is on a Cause of Loss Special Form.**If Blanket coverage is requested, complete a Statement of Values.**

Location #	Building #
Building Limit	Business Personal Property Limit
Co- Insurance	Valuation
Deductible	Business Interruption/Extra Expense Limit
Co-Insurance	
Year Built	Construction
Sq Footage	Number of Stories

Building Improvements

<input type="checkbox"/> Wiring Year	<input type="checkbox"/> Heating Year
<input type="checkbox"/> Roofing Year	<input type="checkbox"/> Plumbing Year

Other Occupancies

Burglar Alarm (*Describe*)Sprinkler Alarm (*Describe*)

Fire Protection

Mortgagee Name	Mailing Address	
City	State	Zip Code
Telephone #		
Loss Payee	Mailing Address	
City	State	Zip Code
Telephone #		

Section VIII - Property Insurance Continued

Location #	Building #
Building Limit	Business Personal Property Limit
Co- Insurance	Valuation
Deductible	Business Interruption/Extra Expense Limit
Co-Insurance	
Year Built	Construction
Sq Footage	Number of Stories

Building Improvements

Wiring Year _____ Heating Year _____

Roofing Year _____ Plumbing Year _____

Other Occupancies

Burglar Alarm (*Describe*)Sprinkler Alarm (*Describe*)

Fire Protection

Mortgagee Name _____	Mailing Address _____
City _____	State _____ Zip Code _____
Telephone # _____	
Loss Payee _____	Mailing Address _____
City _____	State _____ Zip Code _____
Telephone # _____	

Section VIII - Property Insurance Continued

Location # _____	Building # _____
Building Limit _____	Business Personal Property Limit _____
Co- Insurance _____	Valuation _____
Deductible _____	Business Interruption/Extra Expense Limit _____
Co-Insurance _____	
Year Built _____	Construction _____
Sq Footage _____	Number of Stories _____

Building Improvements

<input type="checkbox"/> Wiring Year _____	<input type="checkbox"/> Heating Year _____
<input type="checkbox"/> Roofing Year _____	<input type="checkbox"/> Plumbing Year _____

Other Occupancies

Burglar Alarm (Describe)

Sprinkler Alarm (Describe)

Fire Protection

Mortgagee Name _____	Mailing Address _____
----------------------	-----------------------

City _____	State _____	Zip Code _____
------------	-------------	----------------

Telephone # _____

Loss Payee _____	Mailing Address _____
------------------	-----------------------

City _____	State _____	Zip Code _____
------------	-------------	----------------

Telephone # _____

Additional Coverage Forms and Endorsements

Yes	No
-----	----

Ordinance of Law Coverage	<input type="checkbox"/>	<input type="checkbox"/>
---------------------------	--------------------------	--------------------------

Premises # _____	Building _____
------------------	----------------

Limit A _____ (Same as building Value)	Limit B _____	Limit C _____
---	---------------	---------------

Spoilage Coverage	<input type="checkbox"/>	<input type="checkbox"/>
-------------------	--------------------------	--------------------------

Data Compromise	<input type="checkbox"/>	<input type="checkbox"/>
-----------------	--------------------------	--------------------------

Any Person who knowingly and with intent to defraud any insurance company or other persons files an application of insurance containing any 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 the person to criminal and civil penalties.

Signing this application does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.

Signature of Applicant

Date

Fraud Statements

ALABAMA § 27-12A-20: At least one of the following forms: Claim release forms, applications, reinstatements for insurance, participation agreements, declaration pages, and claim documents, regardless of the method or form of transmission: 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 § 21.36.380: All insurance claim forms: A 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 § 20-466.03: All insurance claim forms: 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 § 23-66-503: Claim forms, proofs of loss, or any similar documents, however designated, seeking payment or benefit pursuant to an insurance policy, and applications for insurance, regardless of the form of transmission: 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. **§ 23-89-216: Notice to third-party claimants under a motor vehicle insurance policy for damage to a motor vehicle:** Failure to use the insurance proceeds in accordance with a security agreement between you and a lienholder, if any, may constitute the criminal offense of defrauding a secured creditor in violation of Arkansas Code Section 5-37-203. If you have any questions, contact your lienholder.

CALIFORNIA § 1871.4(a): Workers' compensation forms: It is unlawful to do any of the following: (1) Make or cause to be made a knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying any compensation, as defined in Section 3207 of the Labor Code. (2) Present or cause to be presented a knowingly false or fraudulent written or oral material statement in support of, or in opposition to, a claim for compensation for the purpose of obtaining or denying any compensation, as defined in Section 3207 of the Labor Code. (3) Knowingly assist, abet, conspire with, or solicit a person in an unlawful act under this section. (4) Make or cause to be made a knowingly false or fraudulent statement with regard to entitlement to benefits with the intent to discourage an injured worker from claiming benefits or pursuing a claim. For the purposes of this subdivision, "statement" includes, but is not limited to, a notice, proof of injury, bill for services, payment for services, hospital or doctor records, X-ray, test results, medical-legal expense as defined in Section 4620 of the Labor Code, other evidence of loss, injury, or expense, or payment. (5) Make or cause to be made a knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying any of the benefits or reimbursement provided in the Return-to-Work Program established under Section 139.48 of the Labor Code. (6) Make or cause to be made a knowingly false or fraudulent material statement or material representation for the purpose of discouraging an employer from claiming any of the benefits or reimbursement provided in the Return-to-Work Program established under Section 139.48 of the Labor Code. **§ 1871.2: All insurance applications, all forms upon which an insured can amend insurance coverage, or furnish information relating to underwriting criteria affecting premium or eligibility for coverage under an existing policy, and all claim forms:** 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 payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. **§ 1871.3: Claim forms pertaining to auto theft:** False representations made on a claim form signed by the insured subject the insured to a penalty of perjury.

COLORADO § 10-1-128: All insurance applications, or all policy forms, or all claim forms: 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 11 § 913: All insurance claim forms: 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 § 22-3225.09: All insurance applications and claim forms: 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 § 817.234: All insurance applications and claim forms: 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. **§ 626.8797: Proof of Loss:** Pursuant to s.817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes.

Fraud Statements Continued

IDAHO § 41-1331: All insurance claim forms: 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 § 27-2-16-3: All insurance claim forms: 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 § 304.47-030: All insurance claim forms: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing 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. **All insurance application forms:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 § 40:1424: All insurance applications and claim forms: 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 24-A § 2186(3)(A): All insurance applications and claim forms: 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 § 27-805: All insurance applications and claim forms: 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 § 60A.955: All insurance claim forms: 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 § 402:82: All insurance claim forms: 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 RSA638:20.

NEW JERSEY § 17:33A-6: All insurance claim forms: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. **NJAC 11:16-1.2: All insurance application forms:** 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 § 59A-16C-8: All insurance applications and claim forms: 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 § 403(d): All insurance applications and claim forms except auto: 11 NYCRR § 86.4: 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. **§ 403(d)-(e) All auto insurance applications and claim forms:** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim of each violation. **All applications for automobile insurance and all claim forms shall contain a notice, in a form approved by the superintendent, that clearly states in substance the following:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each violation. **11 NYCRR § 62-4.2: All fire and anti-arsenal insurance applications:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation or misrepresentation of a material fact or circumstances shall be grounds to rescind the policy.

Fraud Statements *Continued*

OHIO § 3999.21: All insurance applications and claim forms: 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 § 3613.1: All insurance applications, policy and claim forms: 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 § 742.208: On fire insurance policies: (1) Subject to subsections (2) and (3) of this section, this entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto. (2) All statements made by or on behalf of the insured, in the absence of fraud, shall be deemed representations and not warranties. No such statements that arise from an error in the application shall be used in defense of a claim under the policy unless: (a) The statements are contained in a written application; and (b) A copy of the application is indorsed upon or attached to the policy when issued. (3) In order to use any representation by or on behalf of the insured in defense of a claim under the policy, the insurer must show that the representations are material and that the insurer relied on them.

PENNSYLVANIA 18 Pa.C.S. § 4117: All insurance applications and claim forms: 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. **75 Pa.C.S. § 1822: All auto applications, renewals and claim forms:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

PUERTO RICO 26 § 2732: All insurance applications and claim forms: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

RHODE ISLAND § 27-29-13.3: All insurance applications and claims forms: § 27-54.1-3: 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 § 56-53-111: All insurance applications and claim forms: 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.

RHODE ISLAND § 27-29-13.3: All insurance applications and claims forms: 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.

TEXAS § 704.002(a): All health insurance and workers' compensation claim forms: 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 § 52-40 All insurance applications and claim forms: 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. **§ 38.2-2105: Fire insurance policies:** This entire policy shall be void, if whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto.

WASHINGTON § 48.135.080: All insurance applications and claim forms: 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 § 33-41-3: All insurance applications and claim forms: 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.