



Marine Commercial Liability All Other Maritime Operators

Note: This information supplements the following ACORD Applications, which must also be completed and included:

1. **Acord Form 125:** Commercial Insurance Application.
2. **Acord Form 126:** Commercial General Liability Section Application.

					Yes	No
1. Name of Insured _____						
2. Years in Business (If less than 5, please include number of years experience of principals in this industry). _____						
3. Gross Receipts (all operations)						
Type of Work	Last 12 Months	% Marine	Next 12 months	% Marine		
Total						
4. Do you own, charter, lease or operate any watercraft? If Yes, please attach schedule.					<input type="checkbox"/>	<input type="checkbox"/>
5. If the answer to 4 is Yes, are all watercraft covered by a Hull and Protection & Indemnity policy? What limits? _____ Who is the carrier? _____					<input type="checkbox"/>	<input type="checkbox"/>
Is Contractual Liability included?					<input type="checkbox"/>	<input type="checkbox"/>
Is the "Other Than Owner" limitation deleted?					<input type="checkbox"/>	<input type="checkbox"/>
If chartered watercraft, are you named and waived in the vessel owner's policies?					<input type="checkbox"/>	<input type="checkbox"/>
Certificates kept on file?					<input type="checkbox"/>	<input type="checkbox"/>
6. Please list the five principal entities for which work was performed in the past two years. Please include the entity, type of work performed, and gross receipts for each.						
7. Do you enter into contracts with customers that contain hold harmless or indemnity agreements in the favor of the customer? If Yes, please list the customers and indicate the percentage of total receipts that the customer(s) represents.					<input type="checkbox"/>	<input type="checkbox"/>
8. Are you required to name any of your customers or other parties as Additional Insureds and waive subrogation? If Yes, please list them and their relationship to you.					<input type="checkbox"/>	<input type="checkbox"/>

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	Yes	No
9. Do you have third party visitors on the premises you own, occupy or lease? Please provide details:	<input type="checkbox"/>	<input type="checkbox"/>
10. Temporary Workers/Leased Workers/Subcontractors		
a. Do you use temporary workers ? Percentage of total workers _____%	<input type="checkbox"/>	<input type="checkbox"/>
b. If the answer to a. is Yes , are there hold harmless/indemnity agreements in place in your favor?	<input type="checkbox"/>	<input type="checkbox"/>
c. If the answer to a. is Yes , are waivers of subrogation in place in your favor?	<input type="checkbox"/>	<input type="checkbox"/>
d. If the answer to a. is Yes , are certificates of insurance obtained showing limits equal to or greater than yours?	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you use leased workers ? Percentage of total workers _____%	<input type="checkbox"/>	<input type="checkbox"/>
f. If the answer to e. is Yes , are there hold harmless/indemnity agreements in place in your favor?	<input type="checkbox"/>	<input type="checkbox"/>
g. If the answer to e. is Yes , are waivers of subrogation in place in your favor?	<input type="checkbox"/>	<input type="checkbox"/>
h. If the answer to e. is Yes , are certificates of insurance obtained showing limits equal to or greater than yours?	<input type="checkbox"/>	<input type="checkbox"/>
i. Do you use subcontractors ?	<input type="checkbox"/>	<input type="checkbox"/>
j. If the answer to i. is Yes , are there hold harmless/indemnity agreements in place in your favor?	<input type="checkbox"/>	<input type="checkbox"/>
k. If the answer to i. is Yes , are waivers of subrogation in place in your favor?	<input type="checkbox"/>	<input type="checkbox"/>
l. If the answer to i. is Yes , are certificates of insurance obtained showing limits equal to or greater than yours and naming you as an Additional Insured?	<input type="checkbox"/>	<input type="checkbox"/>
m. If the answer to i. is Yes , what percentage of your work is subcontracted? _____%		
n. If the answer to i. is Yes , what type of work is subcontracted and who supervises their work?		
11. Has any policy or coverage been declined, cancelled or non-renewed during the past five years? If so , please provide details:	<input type="checkbox"/>	<input type="checkbox"/>
12. Contact name and phone number to arrange an inspection:		

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13. Loss History *(Please list all Commercial General Liability losses that have occurred over the past five years and attach hard copy loss runs.)*

Date of Loss	Description of Loss	Loss & Expense Deductible	Loss & Expense Paid	Loss & Expense Outstanding	Total Claim <i>(net of Deductible)</i>

14. Producer remarks:

Signing this application does not bind you to purchase the insurance or the Company to accept the risk. However, if you do elect to purchase insurance from the Company and the Company binds the risk, it is agreed that this application forms part of the policy issued by the Company and that underwriters rely on the information provided to determine acceptability, premium charge and coverage. It is further understood and agreed that any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage and/or denial of any claim.

Applicant Signature

Date

Producer Signature

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.

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.

Fraud Statements *Continued*

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-arson 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.

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.

Fraud Statements *Continued*

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.