



Merrimac Marine Insurance , LLC

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Seattle, WA 98199
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Compass Point Program Application

Complete-program Offering Maritime Protection And Security for Ship-Repairers'

Insuring Company: New Hampshire Insurance Company, Administrative Offices: 70 Pine St, New York, NY 23841

Applicant Information

Applicant Name: _____
 Applicant Address: (Street) _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ - - _____ Fax: _____ - - _____
 Email: _____ Tax ID: _____
 Requested Effective Dates From: _____ To: _____
 Individual Corporation Subchapter "S" Corp. LLC
 Partnership Joint Venture Not For Profit Org. Other

Producer Information

Producer Name & Agency: _____
 Agency Address: (Street) _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ - - _____ Fax: _____ - - _____
 Email: _____

Coverages Requested

Ship Repairer's Legal Liability Owned Watercraft
 Property Commercial Tools And Equipment
 Piers, Wharves And Docks Other

Placement Information

1. Present Insurance Carrier: _____
 2. Is Current Insurance Carrier Offering Renewal? _____ Yes No
 3. Why Is Insurance Being Replaced? _____

Location Information

1. Business Of Applicant: _____
 2. Number Of Years In Operation Under Current Management: _____ # _____
 3. List All Physical Locations:
 Location #1 Street _____ City _____ State _____ Zip _____
 Location #2 Street _____ City _____ State _____ Zip _____
 Location #3 Street _____ City _____ State _____ Zip _____
 Location #4 Street _____ City _____ State _____ Zip _____
 Location #5 Street _____ City _____ State _____ Zip _____
 Location #6 Street _____ City _____ State _____ Zip _____

Loss History

Please Attach Current Loss Runs For The Last Five Years: **Attached**
 1. Does Applicant Have Any Knowledge Of Any Facts, Which Might Give Rise To A Future Claim? Yes No
 2. Provide Details Of Loss(es) Including Dates, Cause And Amount Paid:
 If "None" Please State: _____

Exposures

Totals For All Locations

Annual Projected Sales		Annual Projected Gross Receipts	
Ship Repair At Shipyard	\$ _____	Fueling	\$ _____
Ship Repair Outside Shipyard	\$ _____	Hauling And Launching	\$ _____
Parts And Accessories	\$ _____	Mooring And Anchoring	\$ _____
Subcontracted Repair	\$ _____	Vessel Storage	\$ _____
Other (Describe Below)	\$ _____	Dock Rental	\$ _____
Annual Projected Payroll		Rental Boats	\$ _____
Ship Repair	\$ _____	Rental (Leased Property)	\$ _____
Other (Describe Below)	\$ _____	Other (Describe Below)	\$ _____
Please Identify Any Other Source Of Sales Or Payroll:		Please Identify Any Other Source of Receipts:	

General Information

Please Use The "Notes" Provided At End Of Application To Explain Any "Yes" Responses

- 1a. Is The Applicant A Subsidiary Of Another Entity? _____ Yes No
- 1b. Does The Applicant Have Any Subsidiaries? _____ Yes No
2. Does Applicant Have Any Divisions Or Affiliates Not To Be Insured Hereunder? _____ Yes No
3. Is A Formal Safety Program In Operation? _____ Yes No
4. Any Exposure To Flammables, Explosives, Chemicals? _____ Yes No
5. Any Catastrophic Exposures? _____ Yes No
6. Any Other Insurance With This Company Being Submitted? _____ Yes No
7. Any Policy Or Coverage Declined, Cancelled Or Non-Renewed During The Prior 3 Years?
(Not Applicable in MO) _____ Yes No
8. During The Last 5 Years (Ten In RI) Has Any Applicant Been Indicted For Or Convicted Of
Any Degree Of The Crime Of Fraud, Bribery, Arson Or Any Other Arson-Related Crime In
Connection With This Or Any Other Property? (In RI, This Question Must Be Answered For Property
Insurance. Failure To Disclose The Existence Of An Arson Conviction Is A Misdemeanor Punishable By A Sentence
Of Up To One Year Imprisonment) _____ Yes No
9. Any Uncorrected Code Violations? _____ Yes No
10. Any Bankruptcies, Tax Or Credit Liens Against The Applicant In The Past 10 Years? _____ Yes No
11. Has This Business Been Placed In A Trust? _____ Yes No
12. Any Foreign Operations, Foreign Products Distributed In The USA, Or US Products
Sold/Distributed In Foreign Countries? _____ Yes No
13. Does The Applicant Have Knowledge Of Any Facts Which Might Give Rise To A Claim? _____ Yes No
14. Any Medical Facilities Provided Or Medical Professionals Employed Or Contracted? _____ Yes No
15. Any Exposure To Radioactive/Nuclear Materials? _____ Yes No
16. Do/Have Past, Present Or Discontinued Operations Involve Storing, Treating,
Discharging, Applying, Disposing, Or Transporting Of Hazardous Materials? (Eg.
Landfills, Wastes, Fuel Tanks, Etc.) _____ Yes No
17. Any Operations Sold, Acquired Or Discontinued Over The Past 5 Years? _____ Yes No
18. Machinery Or Equipment Loaned Or Rented To Others? _____ Yes No
19. Any Watercraft, Docks, Floats Owned, Hired Or Leased? _____ Yes No
20. Any Parking Facilities Owned/Rented? _____ Yes No
21. Is A Fee Charged For Parking? _____ Yes No
22. Recreation Facilities Provided? _____ Yes No
23. Is There A Swimming Pool On Premises? _____ Yes No
24. Sporting Or Social Events Sponsored? _____ Yes No
25. Any Structural Alterations Contemplated? _____ Yes No
26. Any Demolition Exposure Contemplated? _____ Yes No
27. Has Applicant Been Active In Or Is Currently Active Joint Ventures? _____ Yes No
28. Do You Lease Employees To Or From Other Employers? _____ Yes No
29. Is There A Labor Interchange With Any Other Business Or Subsidiaries? _____ Yes No
30. Are Day Care Facilities Operated Or Controlled? _____ Yes No
31. Have Any Crimes Occurred Or Been Attempted On Premises In The Last 3 Years? _____ Yes No
32. Is There A Formal, Written Safety And Security Policy In Effect? _____ Yes No
33. Does The Business' Promotional Literature Make Any Representations About The Safety
Or Security On The Premises? _____ Yes No

Premises Information

Please Complete This Section Or Include A Completed Acord With Your Submission

Use Additional Copies If Needed - Thank You	Loc #	Bldg #	Loc #	Bldg #	Loc #	Bldg #	Loc #	Bldg #	Loc #	Bldg #	Loc #	Bldg #	Loc #	Bldg #	
How Is Applicant Using This Building?															
Limits Requested															
Building	\$		\$		\$		\$		\$		\$		\$		
Contents	\$		\$		\$		\$		\$		\$		\$		
Business Income	\$		\$		\$		\$		\$		\$		\$		
Other	\$		\$		\$		\$		\$		\$		\$		
Deductible	\$		\$		\$		\$		\$		\$		\$		
Co-Insurance		%		%		%		%		%		%		%	
Valuation	<input type="checkbox"/> ACV	<input type="checkbox"/> RCV	<input type="checkbox"/> ACV	<input type="checkbox"/> RCV	<input type="checkbox"/> ACV	<input type="checkbox"/> RCV	<input type="checkbox"/> ACV	<input type="checkbox"/> RCV	<input type="checkbox"/> ACV	<input type="checkbox"/> RCV	<input type="checkbox"/> ACV	<input type="checkbox"/> RCV	<input type="checkbox"/> ACV	<input type="checkbox"/> RCV	
Construction															
Material(s)															
Year Built															
Sq Ft															
# Of Stories															
Roofing Year															
Type Of Roof	<input type="checkbox"/> Hip	<input type="checkbox"/> Gbl	<input type="checkbox"/> Flat	<input type="checkbox"/> Hip	<input type="checkbox"/> Gbl	<input type="checkbox"/> Flat	<input type="checkbox"/> Hip	<input type="checkbox"/> Gbl	<input type="checkbox"/> Flat	<input type="checkbox"/> Hip	<input type="checkbox"/> Gbl	<input type="checkbox"/> Flat	<input type="checkbox"/> Hip	<input type="checkbox"/> Gbl	<input type="checkbox"/> Flat
Heating/ AC Year															
Plumbing Year															
Wiring Year															
Burglar Alarm?	<input type="checkbox"/> Cntl	<input type="checkbox"/> Loc	<input type="checkbox"/> N/A	<input type="checkbox"/> Cntl	<input type="checkbox"/> Loc	<input type="checkbox"/> N/A	<input type="checkbox"/> Cntl	<input type="checkbox"/> Loc	<input type="checkbox"/> N/A	<input type="checkbox"/> Cntl	<input type="checkbox"/> Loc	<input type="checkbox"/> N/A	<input type="checkbox"/> Cntl	<input type="checkbox"/> Loc	<input type="checkbox"/> N/A
Sprinkler System?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Watchman Service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Open Areas Fenced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Open Areas Lighted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Miles To Coast		Miles		Miles		Miles		Miles		Miles		Miles		Miles	
Miles To Fire Station		Miles		Miles		Miles		Miles		Miles		Miles		Miles	
Feet To Fire Hydrant		Feet		Feet		Feet		Feet		Feet		Feet		Feet	

Piers, Wharves, Docks And Floating Buildings

Required -Diagram, Indicating Distances Between More Than One Pier, Include Photo Of Site Attached

Use Additional Copies If Needed	Loc #	Loc #	Loc #	Loc #	Loc #	Loc #	Loc #	
Limits Requested								
Floating Buildings	\$		\$		\$		\$	
Inventory Afloat	\$		\$		\$		\$	
Docks	\$		\$		\$		\$	
Piers	\$		\$		\$		\$	
Business Income	\$		\$		\$		\$	
Deductible	\$		\$		\$		\$	
Co-Insurance		%		%		%		%
Valuation	<input type="checkbox"/> ACV	<input type="checkbox"/> RCV	<input type="checkbox"/> ACV	<input type="checkbox"/> RCV	<input type="checkbox"/> ACV	<input type="checkbox"/> RCV	<input type="checkbox"/> ACV	<input type="checkbox"/> RCV
Construction								
# Floating Buildings								
Use Of Floating Building								
# Of Floating Docks								
# Of Fixed Piers								
Construction Material								
Pilings Last Inspected								
Floating Devices								
Year Built								
Roof (Open Or Covered)	<input type="checkbox"/> Open	<input type="checkbox"/> Cvr	<input type="checkbox"/> Open	<input type="checkbox"/> Cvr	<input type="checkbox"/> Open	<input type="checkbox"/> Cvr	<input type="checkbox"/> Open	<input type="checkbox"/> Cvr
Electricity On Docks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bubbler System?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fuel Pump?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Separate Fuel Dock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Local Fireboat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Snow, Ice, High Winds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Breakwater?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Ship Repairer's Legal Liability

Protection For Vessels In Applicants Care, Custody Or Control For Which They Are Legally Liable 

Limits Requested

\$ _____ MGL & SROLL Aggregate
 \$ _____ Products Completed Operations Aggregate
 \$ _____ Personal And Advertising Injury
 \$ _____ MGL & SROLL Each Occurrence
 \$ _____ Damage To Rented Premises (Each Occurrence)
 \$ _____ Medical Expense (Any One Person)
 \$ _____ Employee Benefits

Deductible Requested

None \$1,000 \$2,500 Other

Employee Benefits Liab.

Deductible Requested: None \$1,000 \$2,500 Other

Number Of Employees: _____ #

Retroactive Date: _____

Please Use The "Notes" Provided At End Of Application To Explain Any "Yes" Responses For Questions Below

Operational Information

Please Use Additional Copies If Needed - Thank You	Location #1	Location #2	Location #3	Location #4	Location #5	Location #6
Average # Of Vessels In Yard At Any One Time	#	#	#	#	#	#
Maximum # Of Vessels In Yard At Any One Time	#	#	#	#	#	#

- Does Applicant Perform Any Of The Following:
 - Automobile, Recreational Vehicle (ATV, Motorcycle etc) Repair Or Service? Yes No
 - Buying Or Selling Motor Vehicles? Yes No
 - Landside Construction? Yes No
 - Landside Utility Work? Yes No
 - Marine Dredging Or Marine Construction? Yes No
 - Pollution Containment Or Abatement Exposure? Yes No
- Does Applicant Act As A Marine Surveyor, Engineer Or Architect? Yes No
- Is Any Work Performed Outside Of Applicant's Shipyard? Yes No
- Does Applicant Employ Or Subcontract Divers To Perform Underwater Work? Yes No
- Do Your Subcontractors Carry Coverages Or Limits Less Than Yours? Yes No
- Are Subcontractors Allowed To Work Without Providing You A Certificate Of Insurance? Yes No
- Does Applicant Lease Equipment To Others With Or Without Operators? Yes No
- Tests And Trial Are Confined Within How Many Miles Of The Shipyard? _____ Miles
- Towing And Shifting Of Vessels In Conjunction With Repair Operations Is Confined Within How Many Miles Of The Shipyard? _____ Miles
- Do Any Operations Involve Lifting And/Or Moving Vessels Using Cranes, Hoists Etc? Yes No
 If "Yes" Please Complete The Following:
 - How Many Times Annually? _____ Annually
 - Lifting Capacity Each Crane: _____ Tons

Product/Completed Operations

(Past Or Present Product Operations)

- Does Applicant Install, Service Or Demonstrate Products? Yes No
- Foreign Products Sold, Distributed, Used As Components? Yes No
- Research And Development Conducted Or New Products Planned? Yes No
- Guarantees, Warranties, Hold Harmless Agreements? Yes No
- Products Related To Aircraft/Space Industry? Yes No
- Products Recalled, Discontinued, Changed? Yes No
- Products Of Others Sold Or Re-Packaged Under Applicants Label? Yes No
- Products Under Label Of Others? Yes No
- Vendors Coverage Required? Yes No
- Does Any Named Insured Sell To Other Named Insured? Yes No

Optional Coverages

Hired & Non-Owned Auto (Additional Supplemental Application May Be Required) Yes No
 Stop Gap Liability Yes No
 Foreign Liability (Outside US & Canada) Yes No

Work Performed							
Boiler	%	Canvas & Rigging	%	Carpentry	%	Cleaning	%
Conversion	%	Electrical	%	Engine	%	Fuel Systems	%
Gas Freeing	%	Hull	%	Machinery	%	Navigation Systems	%
Painting	%	Race Modification	%	Salvage	%	Welding	%

- Does Applicant Perform Any Gas Freeing At Their Location? Yes No
 If "Yes" Please Complete The Following:
 A. How Many Annually? _____ Annually
 B. Who Performs Operations? Employees Subcontractors
 C. Are They Certified? _____ Yes No
- Does Applicant Perform Cleaning Operations? _____ Yes No
 If "Yes" Please Complete The Following:
 A. Are There Any Sandblasting Operations? _____ Yes No
 B. Do They Use Any Chemicals With Silica? _____ Yes No
- Average Vessel GRT: _____ GRT

Vessels Repaired			
Type Of Vessel	# Of Vessels Annually	Average Value	Maximum Value
Commercial "Blue Water"	#	\$	\$
Commercial "Brown Water"	#	\$	\$
MARAD	#	\$	\$
Pleasure Craft	#	\$	\$
US Navy	#	\$	\$
Other	#	\$	\$
Other	#	\$	\$

Facility Information			
Facility Equipment	Year Built	Dimensions (In Feet)	Capacity (In Tons)
Floating Dry-Dock		X	
Graving Dock		X	
Marine Railway		X	
Repair Pier		X	
Covered Repair Shed		X	

- Fire And Security**
- Is The Fire Department Paid Volunteer
 - Describe Security Provided: (Check All That Apply)
 24 Hour Watchman Fully Fenced Floodlights Other: _____

- Coverages Included**
- Please Indicate The Coverages To Be Included:
- Towers Liability (BI Or PD Arising From The Use Of Insured Vessel For Towing Any Person Or Watercraft) Yes No
 - Sudden & Accidental Pollution (Additional Supplemental Application May Be Needed) Yes No
 - Crew Liability Yes No
 If Crew Is "Included" Please Provide # Of Crew # _____

Owned Watercraft

Vessels Owned By The Insured – Used As Rental Or Workboats (No Personal Use)

This Section Is Not Applicable To Operations Of The Applicant

- Coverage Requested**
- All Risk Named Peril Total Loss Only

Vessel Information						
Please Use Additional Copies If Needed – Thank You	Location #1	Location #2	Location #3	Location #4	Location #5	Location #6
Navigation Area:						
Number Of Workboats:	#	#	#	#	#	#
Number Of Rental Vessels:	#	#	#	#	#	#

Schedule Of Vessels
 Complete The Following Or Attach A Complete Schedule Of Vessels Attached

Description Of Vessel	Value	Year	Length	Total HP	Use	Location #
	\$		ft	hp		
	\$		ft	hp		
	\$		ft	hp		
	\$		ft	hp		
	\$		ft	hp		
	\$		ft	hp		

Commercial Tools And Equipment

Physical Damage Coverage For Tools And Equipment Owned By The Applicant

This Section Is Not Applicable To Operations Of The Applicant

Limits Requested

\$ _____ Total Value Of Scheduled Equipment (Must Complete List Below Or Attach Schedule)
 \$ _____ Total Value Of Scheduled Tools (Must Complete List Below Or Attach Schedule)
 \$ _____ Maximum Value Any One Tool

Deductible Requested \$1,000 \$2,500 Other

Optional Coverages

1. Is Replacement Cost Desired? (Note: Not Available On Equipment Over 10 Years Of Age) _____ Yes No
 2. Is Coverage Desired On Employee Tools? _____ Yes No
 Limit Of Insurance – Any One Employee _____ \$ _____
 Maximum Value – Any One Item _____ \$ _____
 Total Amount – Employee’s Tools _____ \$ _____
 3. Is Coverage Desired For Rental Reimbursement? _____ Yes No
 Requested Limit _____ \$ _____

Storage And Repair

1. Where Is Equipment Stored? _____
 2. Is Equipment Kept In Locked Compartments When Premises Are Closed? _____ Yes No

Maintenance

Is A Regular Equipment Maintenance Program Currently In Effect? _____ Yes No
 If “Yes” Please Describe: _____

Schedule Of Equipment Items In Excess Of \$2,500

Complete The Following Or Attach A Complete Schedule Of Equipment Attached

Trade Name Of Machinery	Year Built	Manufacturers Serial Or Model Numbers	Type Of Fuel	Cost New	Limit Of Insurance
				\$ _____	\$ _____
				\$ _____	\$ _____
				\$ _____	\$ _____
				\$ _____	\$ _____
				\$ _____	\$ _____

Notes

Are There Any Special Considerations Or Information We Should Know About?

Please Provide An Explanation For Any “Yes” Replies Where Specified In The Application:

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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 AUTHORITIES

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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 IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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 (365:15-1-10, 36 S3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO VERMONT APPLICANTS: 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Application Completed By: _____

Date: _____

Signature Of Applicant: _____

Date _____

I Understand This Application Is For Quotation Purposes Only, No Coverage Is Afforded. By Submitting This Application It Is Understood That Additional Underwriting Items Including, But Not Limited To; Dock Schedules, Currently Valued Loss Runs And Current, Completed And Signed Acord Applications May Be Required At Binding. (Failure To Supply These Items Can Result In Cancellation Of The Policy(ies).)

Please Make Sure The Following Items Are Included With Your Submission	
<input type="checkbox"/> Acords (for any additional coverages and/or where requested)	<input type="checkbox"/> Diagram, Indicating Distances Between Where There Is More Than One Pier, And Include A Photo Of The Site
<input type="checkbox"/> Loss Runs	<input type="checkbox"/> Schedule Of Owned Tools And Equipment
<input type="checkbox"/> Schedule Of Owned Watercraft	<input type="checkbox"/> Current Financials And/Or Business Plan