



**OCEAN MARINE
MARINE ARTISAN INSURANCE APPLICATION**

APPLICANT INFORMATION

1.	Name of Applicant (<i>Owner of Vessel</i>)	2.	Applicant Web Site Name
3.	Address (<i>No., Street, City, State, Zip Code</i>)	4.	Telephone Number
		5.	Email Address
6.	Years Experience as Business Owner		

7. Is your business owner operated? Yes No
8. Please indicate the form of your business: Individual Partnership Joint Venture
 Limited liability company Corporation Other _____
9. Do you have any employees? Yes No
 If yes, how many currently employed? _____
10. What was your total payroll for last year? \$ _____
11. What is your projected payroll for the next twelve (12) months? \$ _____
12. Has any insurance company declined, canceled or non-renewed your company's policy Yes No
 or coverage during the past three (3) years?
If you answered yes, please provide more details:

DESCRIPTION OF OPERATIONS

- | | | | |
|-----|---|--|----------|
| 13. | Which of the following Marine work do you perform? | | Revenues |
| a. | Vessel engine repair and maintenance? | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| b. | Vessel carpentry and finish work? | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| c. | Vessel electronics and electrical work? | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| d. | Canvas, sail and rigging work? | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| e. | Hull cleaning services? | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| f. | Hull repair work, fiberglass patching, painting, wood work? | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| g. | Winterizing of vessels? | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |

14. Do you perform any of the following other Marine work?

- a. Marine Construction or dredging? Yes No
- b. Gas freeing Yes No
- c. Do any of your operations include any diving? Yes No
- d. Do you own any vessels which are used in your operations? Yes No
- e. Do you perform any other Marine operations? Yes No
Please describe and include revenues.

15. Do you perform any Non-Marine operations? Please describe and include revenues: Yes No

16. What was your total revenues for last year? \$ _____

17. What is your projected revenues for the next twelve (12) months? \$ _____

SHIP REPAIRER'S LIABILITY SUPPLEMENTARY QUESTIONNAIRE

18. Type of vessels worked on (*check all that apply and percentages*)

- Steel _____%
- Aluminum _____%
- Fiberglass _____%
- Ferro Cement _____%
- Wood _____%

19. Type of work (*check all that apply and percentages*)

- Engine _____%
- Electrical _____%
- Boiler _____%
- Painting _____%
- Hull _____%
- Welding _____%

20. Number of vessels worked on last year: _____

21. Average \$ value of vessels: \$ _____

22. Maximum \$ value of vessels: \$ _____

REPAIR FACILITIES SUPPLEMENTARY QUESTIONNAIRE

23. Address of repair facilities:

24. Do you own any of the following:

- Dry-dock
- Marine railways
- Marine repair piers

25. Is the public fire department paid or volunteer? _____

26. How many public fire hydrants are on location? _____
What is the distance? _____

27. Do you have private fire protection? Yes No
If yes, please describe: _____

28. Is yard fenced in? Yes No

29. How long has shipyard been in operation under present management?
(Give prior business name if any) _____

30. Is area locked entry or restricted entry? _____

MISCELLANEOUS PROPERTY COVERAGE QUESTIONNAIRE

31. Marine Artisan's coverage includes coverage for Miscellaneous Property to limits of \$500 per piece of equipment, and \$10,000 total all equipment. Please schedule all itemized equipment for limits in excess of the above.

TYPE	MANUFACTURER	YEAR	VALUE

LOSS EXPERIENCE

32. List loss experience for the past five (5) years with amounts paid and outstanding (including uninsured losses):
If you have been in business less than three (3) years, a resume demonstrating three (3) years of experience in the trade is require. Please attach.

DATE OF LOSS	DESCRIPTION	AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$

APPLICANT FRAUD WARNINGS

NOTICE TO ARKANSAS 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 agencies.

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 of the third degree.

NOTICE TO KANSAS APPLICANTS: A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

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 denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: 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.

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 MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: All Commercial Insurance, Except As Provided for Automobile Insurance: 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.

Automobile Insurance: 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.

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.

NOTICE TO PENNSYLVANIA APPLICANTS: All Commercial Insurance, Except As Provided for Automobile Insurance: 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.

Automobile Insurance: 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 the payment of a fine of up to \$15,000.

NOTICE TO PUERTO RICO APPLICANTS: 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.

NOTICE TO RHODE ISLAND 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 TENNESSEE APPLICANTS: All Commercial Insurance, Except As Provided for Workers' Compensation 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.

Workers' Compensation: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO UTAH APPLICANTS: Workers' Compensation: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO VIRGINIA 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 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 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 ALL OTHER STATES: Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

(Applicant Fraud Language last updated 5/12 using Notice to Policyholders PN CW 01 1211)

REQUIRED COMPLETION – READ AND SIGN

I understand that the above information, which is correct and complete to the best of my knowledge, is to be the basis of insurance, if granted, but does not obligate me to accept the insurance nor the Company to accept the risk.

X

Applicant's Signature

Date

X

Agent's Signature

Date