



# Ocean Marine Application for Marine Bumbershoot Policy Insurance

Completing this form does not bind the Applicant to complete this insurance, but it is agreed that this form shall be the basis of the contract should a Policy be issued. If any of the questions appearing below are answered falsely or fraudulently, the entire insurance is null and void and all claims thereunder shall be forfeited.

1. Type of insurance applying for (*check one*)  
 Joint Venture  Corporation  Partnership  Individual

2. Name of Applicant 3. Applicant Web Site

4. Applicant PO Address (*PO No., City, State, Zip Code, Country*) 5. Telephone No.

6. Names of all affiliated companies both domestic and foreign

COMPANY INFORMATION			
Name of Entity	Description of Operation	Location	Years in Business

REVENUES AND PAYROLL			
Name of Entity	Estimated Gross Revenue	Estimated Payroll	No. of Employees

NON-MARINE EXPOSURES			
<i>List all premises occupied but NOT OWNED by the applicant with values in excess of \$25,000:</i>			
Description	% Occupied	Estimated Value	80% Bldg. Fire Rate

7. List personal property in applicant's care, custody or control where values exceed \$25,000:

## CONTRACTORS

8. Describe types of work performed (*attach a job listing for prior 3 years*)

\_\_\_\_\_

\_\_\_\_\_

9. Is any work subcontracted? .....  Yes  No  
*If yes, what type of work and amount?* \_\_\_\_\_ \$ \_\_\_\_\_

10. Do all subcontractors carry Limits of Liability at least equal to those purchased by the Insured? .....  Yes  No

11. Are all subcontractors required to provide certificates of insurance? .....  Yes  No

12. Does the insured employ architects? .....  Yes  No

13. Does the Insured employ professional engineers? .....  Yes  No
14. Is any asbestos or hazardous material handled?.....  Yes  No
15. Is any bridge or tunnel work done?.....  Yes  No
16. Is any marine work done?.....  Yes  No
17. Do any jobs involve blasting?.....  Yes  No

**PRODUCTS - Attach copies of all product brochures, catalogues, and latest Annual Report**

18. Describe all products that are manufactured, distributed or sold: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
19. Have any products been discontinued?.....  Yes  No
20. Are any new products to be introduced within 12 months?.....  Yes  No
21. Are any products used in aircraft, missiles, nuclear installations or in ocean-going vessels?.....  Yes  No
22. Are foreign products distributed in the U.S. or used as components in the Insured's products? .....  Yes  No
23. Have any products (present and discontinued) manufactured, installed or distributed contain asbestos? .....  Yes  No

**POLLUTION**

24. Has an EPA or other regulatory agency number been assigned as a generator, transporter, storer, treater or disposer of hazardous waste? .....  Yes  No
25. Are there any underground storage tanks at any location of the Insured?.....  Yes  No  
*If yes, please describe:* \_\_\_\_\_  
 \_\_\_\_\_
26. Indicate coverage on GL:  
 Standard ISO Exclusion  Sudden and Accidental Only  Absolute Exclusion  Separate Policy

**RAILROAD OPERATIONS**

27. Give details of any railroads owned, maintained or operated by applicant: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AUTOMOBILE EXPOSURE**

28. Number of Private Passenger Autos?..... \_\_\_\_\_
29. Number of Commercial Autos?..... \_\_\_\_\_

Type of vehicle	No. of vehicles	Operating Radius	Cargos Carried
a. Truck	_____	_____	_____
b. Tractor	_____	_____	_____
c. Trailers	_____	_____	_____
d. Tankers	_____	_____	_____
e. Vans & Pickups	_____	_____	_____
f. Buses	_____	_____	_____

30. List the number and type of other vehicles not licensed for public road use (earthmovers, bulldozers, cranes, etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_

31. Property hauled, if any: \_\_\_\_\_

32. Is hired car/non-owned coverage provided?.....  Yes  No
33. Is there an Auto Contractual Exposure? .....  Yes  No
34. Are passengers carried for a fee?.....  Yes  No
35. Are any drivers or owner vehicles excluded from the Underlying policy(ies)? .....  Yes  No

**WORKERS' COMPENSATION**

36. Is Statutory Workers' Compensation carried?.....  Yes  No  
*If no, is applicant a qualified Self Insurer? .....  Yes  No*
37. Is any Workers' Compensation Insurance carried?.....  Yes  No
38. What is the employer's liability limit?..... \$ \_\_\_\_\_

**AIRCRAFT EXPOSURE**

39. Is Non-Owned aircraft chartered with crew?.....  Yes  No
40. Describe leased or chartered aircraft: \_\_\_\_\_  
 \_\_\_\_\_
41. Describe owned aircraft: \_\_\_\_\_  
 \_\_\_\_\_

**ADVERTISING EXPOSURE**

42. Is a advertising agency used? .....  Yes  No
43. Describe methods and expenditures for advertising: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NON-MARINE LIABILITY LOSSES**

44. For each line of insurance, give aggregate loss experience (number of claims and total dollar value) for the past five years, including outstand reserves.

Year	AUTO LIABILITY		GENERAL LIABILITY		PRODUCTS LIABILITY		PROFESSIONAL LIABILITY	
	No. Losses	Amount	No. Losses	Amount	No. Losses	Amount	No. Losses	Amount

a. For each claim in excess of \$10,000 please describe. Attach sheet with further details if necessary.

Date of Occurrence	Current Claim Evaluation	Description of Occurrence

**MARINE EXPOSURE**

45. List any landing, pier or wharf leased or operated by the applicant when non-owned vessels come under the care, custody or control of the applicant.

Location	Estimated Annual Vessel Days	Type of Operations	Estimated Gross Receipts

**Describe below any Marine Terminal or Stevedore Operation of the Applicant.**

Location	Type of Operations	Gross Receipts

**Describe below any Shipbuilding, Ship Repairing or Barge Cleaning Operation of the Applicant.**


46. Does the applicant engage in any gas freeing?.....  Yes  No  
*If yes, please describe:* \_\_\_\_\_

47. Does the applicant do any blasting or explosives?.....  Yes  No

48. Does the applicant ever charter or lease vessels?.....  Yes  No  
*If yes, please describe:* \_\_\_\_\_

49. Does the applicant own, operate or charter any private pleasure crafts?.....  Yes  No  
*If yes, please describe:* \_\_\_\_\_

50. Does the applicant have exposure under the Longshoreman's and Harbor Worker's Act?.....  Yes  No  
*If yes, please describe:* \_\_\_\_\_

No. of Employees	Payroll, if Any	Type of Work Performed

51. Schedule all commercial vessels the applicant owns, leases, charters or operates.  
*If more space is needed, attach Schedule of Vessels to this application.*

Location	Type of Vessel	Estimated Gross

**PRIMARY LIMITS**

Hull Value	Protection & Indemnity	Collision & Towers
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____

**MARINE LIABILITY LOSSES**

52. Loss experience for the past 5 years with amounts paid and outstanding. Claims of \$5,000.

Date of Loss	Description	Amount Paid	Outstanding
a. _____	_____	\$ _____	\$ _____
b. _____	_____	\$ _____	\$ _____
c. _____	_____	\$ _____	\$ _____
d. _____	_____	\$ _____	\$ _____
e. _____	_____	\$ _____	\$ _____

**SCHEDULE OF UNDERLYING INSURANCE**

53. List all Liability and Compensation Policies to apply as Underlying Insurance:

**a. NON-MARINE EXPOSURES**

Type of Insurance	Insurance Company	Policy No. & Period	Limits	Premium
1) General Liability	_____	# _____ From: _____ To: _____	Occ. \$ _____ Agg. \$ _____	\$ _____
2) Product Liability	_____	# _____ From: _____ To: _____	Occ. \$ _____ Agg. \$ _____	\$ _____
3) Collision & Tower	_____	# _____ From: _____ To: _____	Occ. \$ _____ Agg. \$ _____	\$ _____
4) Barge Bailee	_____	# _____ From: _____ To: _____	Occ. \$ _____ Agg. \$ _____	\$ _____
5) Shiprepairers	_____	# _____ From: _____ To: _____	Occ. \$ _____ Agg. \$ _____	\$ _____
6) Other	_____	# _____ From: _____ To: _____	Occ. \$ _____ Agg. \$ _____	\$ _____

NOTE: Minimum requirements is \$1,000,000.  Claims-Made C.G.L.  1973 Occurrence C.G.L.  1986 Occurrence G.L.

- b. Does 1973 Occurrence Broad Form C.G.L coverage apply?.....  Yes  No  
*If no, attach supplemental explanation.*
- c. Does the General Aggregate apply on a:  Policy Basis  Location Basis  Job Basis
- d. Are defense costs within aggregate limit?.....  Yes  No

**e. MARINE EXPOSURES**

Type of Insurance	Insurance Company	Policy No. & Period	Limits	Premium
1) Hull & Machinery	_____	# _____ From: _____ To: _____	\$ _____	\$ _____
2) Protection & Indemnity	_____	# _____ From: _____ To: _____	\$ _____	\$ _____
3) Collision & Tower	_____	# _____ From: _____ To: _____	\$ _____	\$ _____
4) Barge Bailee	_____	# _____ From: _____ To: _____	\$ _____	\$ _____
5) Shiprepairers	_____	# _____ From: _____ To: _____	\$ _____	\$ _____
6) Other	_____	# _____ From: _____ To: _____	\$ _____	\$ _____

**NOTE: All underlying companies must be best A-6 or better.**

54. Do all the above policies apply to all companies or operations?.....  Yes  No  
*If no, state exceptions:* \_\_\_\_\_
55. Do previous policies apply to all companies or operations?.....  Yes  No
56. Has any coverage listed above been cancelled or renewal refused within the last 5 years?.....  Yes  No  
*If yes, state below each coverage and the reason for cancellation or non-renewal.*

Coverage	Reason for Cancellation or Non-Renewal
_____	_____
_____	_____
_____	_____

57. Limit of Liability Requested: \_\_\_\_\_
58. Self insured retention limits requested:  \$25,000  \$50,000  Other \_\_\_\_\_

<b>REMARKS</b>
----------------

59. Explain all yes answers to previous questions or use this section to give other relevant information.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**DISTRICT OF COLUMBIA: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**HAWAII:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**MINNESOTA:** A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**NEW YORK (Non Auto):** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**OHIO:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**OKLAHOMA: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

**PENNSYLVANIA:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

**PUERTO RICO FRAUD WARNING:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**TENNESSEE (Non WC):** 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.

**VERMONT:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

**VIRGINIA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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

**ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties. Not applicable in Nebraska.

#### **IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE**

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:  
[http://www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at: Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

#### **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.**

Applicant's Signature <b>X</b>	Date
Agent's Signature <b>X</b>	Date

Completing this form does not bind the Applicant to complete this insurance, but it is agreed that this form shall be the basis of the contract should a Policy be issued. If any of the questions appearing below are answered falsely or fraudulently, the entire insurance is null and void and all claims thereunder shall be forfeited.

1. Name of Applicant	2. Applicant Web Site
3. Applicant Address (No., Street, City, State, Zip Code, Country)	4. Telephone No.
5. Policy Period: From: _____ To: _____	6. Limits Required
	7. Deductible Required

### GENERAL INFORMATION - VESSELS

8. Location of yard (No., Street, City, State, Zip Code, Country)

---

9. Type of vessels worked upon (check all that apply and percentages)  
 Steel \_\_\_\_\_ %  
 Fiberglass \_\_\_\_\_ %  
 Wood \_\_\_\_\_ %  
 Aluminum \_\_\_\_\_ %  
 Ferro Cement \_\_\_\_\_ %

10. Type of work (check all that apply and percentages)  
 Engine \_\_\_\_\_ %  
 Boiler \_\_\_\_\_ %  
 Hull \_\_\_\_\_ %  
 Electrical \_\_\_\_\_ %  
 Painting \_\_\_\_\_ %  
 Welding \_\_\_\_\_ %

11. Do you perform gas freeing operations?  
 Yes    No   *If yes, number of vessels gas freed in one year? \_\_\_\_\_*  
***If no, gas freeing exposures will be expressly excluded from this insurance.***

12. Does the insured employ one of the following as required?  
 Full-time gas free chemist    Outside subcontracted chemist  
 If an outside chemist is subcontracted, does the Insured currently require proof of liability insurance (insurance certificates) from the chemist or his employer in a minimum amount of \$1,000,000? .....  Yes    No

13. No. of drydocks	14. No. of railways	15. No. of Repair Piers
16. No. of vessels drydocked in last year	17. No. of vessels repaired in yard in last year	
18. No. of vessels repaired outside of yard in last year	19. No. of vessels hauled out in last year	20. No of vessels in storage
21. Average \$ value of vessel	22. Maximum \$ value of vessel	

### CO-INSURANCE FIRE RATES

23. Give separate 100% Co-Insurance Fire Rates of all buildings:

Building Identification	Contents	Sprinklered
a. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

### FIRE PROTECTION AND SECURITY

24. Is the Public Fire Department Paid or Volunteer? .....

25. How many Public Fire Hydrants are on location? .....

a. What is the distance?.....

26. What is the size of the Public Fire Mains? .....

a. What is the pressure of the mains?.....

27. Do you have Private Fire Protection? .....  Yes  No  
*If yes, please describe:* \_\_\_\_\_  
 \_\_\_\_\_
28. How many watchmen are employed?..... \_\_\_\_\_  
 a. How many are on each shift?..... \_\_\_\_\_  
 b. Do you have watchblocks?.....  Yes  No
29. Is yard fenced in, with guard at gate, when yard is operating?.....  Yes  No
30. How long has shipyard been in operation under present management? (*Give prior business name if any*)..... \_\_\_\_\_
31. Is area locked entry or restricted entry?.....  Yes  No
32. Key Personnel: *Attach separate sheet giving names and past experience of key personnel.*
33. Gross Receipts (*Please provide gross receipts for the past three years*):  
 a. \$ \_\_\_\_\_ Year \_\_\_\_\_ b. \$ \_\_\_\_\_ Year \_\_\_\_\_ c. \$ \_\_\_\_\_ Year \_\_\_\_\_  
 b. Estimated gross receipts for the next 12-month period..... \$ \_\_\_\_\_

**LOSS EXPERIENCE**

34. Loss experience for the past 5 years with amounts paid and outstanding (*including uninsured losses*):
- | Date of Loss | Description | Amount   |
|--------------|-------------|----------|
| a. _____     | _____       | \$ _____ |
| b. _____     | _____       | \$ _____ |
| c. _____     | _____       | \$ _____ |
| d. _____     | _____       | \$ _____ |
| e. _____     | _____       | \$ _____ |
35. Is released secured limiting liability?.....  Yes  No  
 a. *If yes, amount?* ..... \$ \_\_\_\_\_

**SHIP REPAIRER'S LIABILITY SUPPLEMENTARY QUESTIONNAIRE**

36. If land pollution liability coverage is required please describe the exposures, ie under or above ground storage tanks, pipelines, etc. Please describe how slops from ships tanks and/or residue from tank cleaning operations is stored on premises, handled, transported and disposed of:  
 \_\_\_\_\_  
 \_\_\_\_\_
37. Please describe any non-marine work performed and give percentage of total revenues applicable.  
 \_\_\_\_\_  
 \_\_\_\_\_
38. Additional comments if any: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
39. Does the insured navigate the vessel for trials/trips?.....  Yes  No  
*If yes, what is the maximum distance?* ..... \_\_\_\_\_  
*Where are the crew covered for the trials/trips?* \_\_\_\_\_
40. Do employees perform work off premises?.....  Yes  No  
*If yes describe:* \_\_\_\_\_

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

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**DISTRICT OF COLUMBIA: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**HAWAII:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**MINNESOTA:** A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**NEW YORK (Non Auto):** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**OHIO:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**OKLAHOMA: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

**PENNSYLVANIA:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

**PUERTO RICO FRAUD WARNING:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**TENNESSEE (Non WC):** 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.

**VERMONT:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

**VIRGINIA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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

**ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties. Not applicable in Nebraska.

#### **IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE**

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: [http://www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at: Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

#### **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.**

Applicant's Signature <b>X</b>	Date
Agent's Signature <b>X</b>	Date