

# Rockwood Marina Supplemental Application

Named Insured \_\_\_\_\_  
 Policy Number \_\_\_\_\_

EXPLAIN ALL "YES" ANSWERS	Yes	No
1. Does your company own, lease, or operate any watercraft?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will employees work on or from watercraft?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are Charter Boat Services offered?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the insured offer transportation from offshore mooring sites?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the insured or any of the employees do any underwater work?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are any employees working on non-owned watercraft or barges on navigable waters?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are any employed captains or crewmembers not covered for injury by a P & I Policy?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the P & I coverage include the Jones Act (coverage for captain & crew)?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is any repair, installation, or other type of work performed on customer's watercraft over 65 feet in length?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is any marine construction, dock repair/building, bulk heading, or pier construction work performed?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the applicant use Independent Contractors for repairs?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are Certificates of Insurance required for sub-contractors that are subject to the USL&H Act?	<input type="checkbox"/>	<input type="checkbox"/>
13. What is the number of employees taking part in activities subject to the USL&H Act and the payroll associated with the activities?	# of emp	
	Payroll \$	

**"I understand that the insurance carrier will rely on the information contained in this application and is subject to the fraud statements on the following page."**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Producer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## FRAUD STATEMENTS

### PLEASE READ THE STATEMENT APPLICABLE TO YOUR STATE. IF YOUR STATE IS NOT LISTED, PLEASE READ THE STATEMENT APPLICABLE TO ALL OTHER STATES.

**All Other States:** Any person who knowingly and with intent to defraud any insurance company or another 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 [NY: substantial] civil penalties. (Not applicable in CO,HI,NE,OH,OK,OR,VT,IN,DC,LA,ME and VA, insurance benefits may also be denied).

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD Only.

**Applicable in CO:** 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.

**Applicable in FL and OK:** 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)\*. \*Applies in FL Only.

**Applicable in KS:** 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 commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** 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 hereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** 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 and denial of insurance benefits. \*Applies in ME Only.

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

**Applicable in OR:** 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.

**Applicable in PR:** 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.

**Applicable in UT:** 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.