

## MARINE ARTISAN APPLICATION

Name of Assured \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, and Zip \_\_\_\_\_

Survey Contact/Phone # \_\_\_\_\_

Individual

Partnership

Corporation

Other

Producer's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State & Zip \_\_\_\_\_

Number of years in business \_\_\_\_\_ Proposed effective date \_\_\_\_\_

Please provide name of current carriers, expiring premiums, and policy expiration dates.

Current Carrier Name	Expiring Premiums	Policy Expiration Dates

Any policy or coverage declined, cancelled, or non-renewed during the prior three years?      Yes      No

If yes, explain \_\_\_\_\_

### **SHIP REPAIRER'S LIABILITY**

Type of work performed (check all that apply):

Canvas Repair

Canvas Installation

Carpentry

Cleaning/Detailing

Electronics Repair/Installation

Engines (describe in detail) \_\_\_\_\_

Any high performance engine work performed? \_\_\_\_\_

Fiberglass

Gas Freeing

Painting

Welding

Other \_\_\_\_\_

Private Pleasure Craft

Commercial Watercraft \*

\* If commercial watercraft, describe type \_\_\_\_\_ % of receipts \_\_\_\_\_

Receipts for the past 12 months \_\_\_\_\_

Where is work performed? \_\_\_\_\_

Does your work include diving?      Yes      No      If yes, describe underwater activities and percentage of overall work this represents. \_\_\_\_\_

Are propellers pulled and/or replaced?      Yes      No

Maximum value any one vessel \$ \_\_\_\_\_

Maximum value at any one time \$ \_\_\_\_\_

Do you tow any watercraft?      Yes      No

Do you haul/launch?      Yes      No

Do you operate any watercraft as part of your work?      Yes      No      If yes, describe. \_\_\_\_\_

Do you have the watercraft or any of its equipment in or on any property you own, rent or lease?

Yes      No      If yes, describe. \_\_\_\_\_

Do you have docks or slips at your place of business?      Yes      No      If yes, please explain. \_\_\_\_\_

Are you a sub-contractor?      Yes      No      If yes, explain. \_\_\_\_\_

Do you subcontract?      Yes      No      If yes, explain. \_\_\_\_\_

Do you require certificates of insurance from sub-contractors?      Yes      No

What is the minimum required liability limit? \_\_\_\_\_

How many years have you performed this work? \_\_\_\_\_

How many people do you employ? \_\_\_\_\_

Do you perform any other work or service or provide or sell any parts, equipment or material in your business, other than marine exposures?      Yes      No      If yes, explain in detail. \_\_\_\_\_

What are the receipts or sales for this other business? \$ \_\_\_\_\_

Limit of Liability requested \_\_\_\_\_ P&I Ins.      Yes      No

**GENERAL LIABILITY**

Limits Requested (choose one)	Option A	Option B	Option C
A. General Aggregate	\$2,000,000	\$1,000,000	\$1,000,000
B. Products-Completed Ops Aggregate	\$1,000,000	\$500,000	\$300,000
C. Personal and Advertising Injury	\$1,000,000	\$500,000	\$300,000
D. Each Occurrence	\$1,000,000	\$500,000	\$300,000
E. Fire Damage (Any One Fire)	\$50,000	\$50,000	\$50,000
F. Medical Expense (Any One Person)	\$5,000	\$5,000	\$5,000

Explain all "yes" responses.

**YES**

**NO**

1. Does applicant install, service, or demonstrate products?
2. Foreign products sold, distributed, used as components?
3. Research and development conducted or new products planned?
4. Guaranties, warranties, hold harmless agreements?
5. Products recalled, discontinued, changed?
6. Products of others sold or repackaged under applicant's label?
7. Products under label of others?
8. Vendors coverage required?
9. Does any named insured sell to other named insured?
10. Products manufactured?

Remarks: \_\_\_\_\_

**Please attach literature, brochures, labels, warnings, etc.**

Additional interests/certificate recipients \_\_\_\_\_

Name and Address	Interest	Certificate

**General Information** Explain all "yes" responses.

**YES**

**NO**

1. Do operations involve storing, treating, discharging, applying, disposing, or transporting of hazardous material?
2. Any operations sold, acquired or discontinued in last 5 years?
3. Any parking facilities owned/operated?  
Number of parking spaces \_\_\_\_\_
4. Is a fee charged for parking?

Remarks: \_\_\_\_\_

**EQUIPMENT/TOOLS**

Equipment Coverage: Indicate Valuation: ACV 80% or Replacement Cost 90%

Complete the following or submit schedule:

Description	Value	D/A	Serial #	Location
	\$			
	\$			
	\$			
	\$			
	\$			

**FOR ALL SECTIONS**

**Loss Record:** List all claims incurred during the past five years to property or from operations covered by this form of policy, including date, cause, amount paid or estimated amount, if claim not settled.

If none, state "none."

Date of Loss	Cause of Loss	Gross Amount of Loss before any deductible	Current Status, Paid or Outstanding

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OF INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRADULENT INSURANCE ACT, WHICH IS A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.**

\_\_\_\_\_  
Signature of Applicant

Date \_\_\_\_\_