

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 _____