



MARINE ARTISAN APPLICATION

Name of Assured _____
 Mailing Address _____
 City _____ State & 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

Any policy or coverage declined, cancelled, or non-renewed during the prior three years? 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? No Yes. If yes, describe underwater activities and percentage of overall work this represents _____

Are propellers pulled and/or replaced? No Yes

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? No Yes If yes, describe _____

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

No Yes If yes, describe _____

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

Are you a sub-contractor? No Yes

If yes, explain _____

Do you subcontract? No Yes

If yes, explain _____

How many years have you performed this work? _____

How many years in business? _____

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? No Yes If yes, explain in detail

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

Limit of Liability requested _____ P&I Ins. Yes No

Effective date requested _____

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? | [] | [] |
| 11. Are Sub-contractors used? | [] | [] |

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 or 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% REPL CST 90% (circle one)

Complete the following or submit schedule

Description	Value	D/A	Serial Number	Location
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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."

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.

Signature of Applicant

Date