

MARINE ARTISAN/SHIP REPAIRER APPLICATION

1. Name of applicant: _____
2. Applicant email address: _____
3. Applicant address: *(No, Street, City, State, Zip Code, Country)* _____
4. Telephone No.: _____
5. Anticipated Effective Date (mm/dd/yyyy): _____

GENERAL INFORMATION

6. Has the Applicant been involved in bankruptcy proceedings in the past 20 years? Yes No
If Yes, enter year and detailed reason for bankruptcy: _____
7. Has any insurance been denied, canceled, or non-renewed on the Applicant in the last 5 years? Yes No
If Yes, enter reason: _____
8. Number of year's entity/company has been in operation: _____
9. Is coverage being applied for currently in place? Yes No
If No, enter reason: _____
10. Number of years Applicant has operated in this type of trade: _____
11. Number of year's entity/company has been under current management: _____
12. List any relevant certifications, training, and experience: _____

13. Any known and/or reported losses for the last 3 years (include any Stop Gap losses, if applicable). Yes No
If Yes, enter claim details. If more space required please list on a separate sheet of paper.

Year	Description of Loss	Amount	Open/Closed
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

WORK INFORMATION

14. Estimated gross receipts for coming term: \$ _____
Last year: \$ _____
Prior Year: \$ _____
15. Percentage of receipts based on work performed on vessel types (must equal **100%**)
- % _____ Private Pleasure Watercraft
% _____ Commercial Watercraft
% _____ Other Non-watercraft related work: *If greater than 0%, please enter a description:*

16. Work Performed (should total **100%**)

Description:	Percent:	Description:	Percent:
Asbestos removal/Abatement	_____	Insulation/Lagging	_____
Boiler repair	_____	Machinery repair – engine work or heavy machinery repair/installation	_____
Bottom cleaning/scrubbing (incl zinc replacement)	_____	Machinery repair - minor	_____
Cleaning or detailing work	_____	Machinery Carpentry	_____
Conversion	_____	Painting - Interior Painting	_____
Disposal of hazardous materials (incl dredge spoil)	_____	Painting – Vessel Painting/Bottom Coating	_____
Electrical - component repair and installation	_____	Plumbing – Installation and Repair	_____
Electrical – work (wiring, etc)	_____	Reduction gear/shaft/propeller repair	_____
Fiberglass repair	_____	Rigging Work	_____
Fuel cleaning	_____	Sail/Canvas Repair	_____
Glazier of yachts/window install, remove and reset	_____	Sandblasting	_____
Hauling or launching	_____	Shrink wrapping	_____
Hull - steel work, burning and welding	_____	Upholstery	_____
HVAC/Refrigeration	_____	Varnish - Refinish of Woods and Brightworks	_____
Hydraulic systems & winch repairs/install, stabilizers and steering	_____	Winterization of Watercraft	_____

Any work that does not fit into the above categories enter description and percent below:

Description	Percent:	Description	Percent:
_____	_____	_____	_____
_____	_____	_____	_____

17. Are any diving operations performed? Yes No

If Yes, enter depth, number of divers, and description of operations.

Maximum dive depth in meters: _____ Number of divers other than owners: _____

Description of diving operations: _____

18. Does Applicant transport any vessels by vehicle? Yes No

If Yes, complete the following questions.

Are special permits obtained when required by state law? Yes No

Maximum number of vessels towed behind a single vehicle at any one time: _____

Maximum number of vessels towed per year: _____

Maximum length (in feet) of any vessel towed: _____

Maximum value of any single vessel moved by vehicle: \$ _____

Maximum distance (in miles) vessels towed: _____

19. Number of yards/premises/locations rented, owned or leased by the Applicant as an office or where work is performed? _____

Complete if one or more. If more than one location, please list on a separate sheet of paper.

Property Type: Owned Rented/Leased

Location Type: Office Location Work Performed Yard/Location

Location Name and Address: _____

Maximum number of vessels at location at any given time: _____

Maximum values at location at any given time: \$ _____

Security Measures:

- Fire Alarmed Guard Dogs Lighted No Yard/Everything Locked Indoors Security Alarmed
 Security Guard/Watchman (non-working hours) Yard Fenced, Gated, and Locked None of the Above

20. Maximum value of vessel Applicant does work on: \$ _____

21. Average value of vessel Applicant does work on: \$ _____

22. Does Applicant fabricate/manufacture anything? Yes No

If Yes, describe types of products: _____

23. Are any Gas Freeing operations performed? Yes No *If Yes, complete the following questions.*

Number of vessels Gas Freed per year: _____

Indicate types employed: Full-time Gas Freeing Chemist Outside Contracted Chemist (requires proof of GL)
 Outside Contracted Chemist (no proof of GL) No Chemist Used

24. Number of Employees (excluding owners): _____ Payroll (excluding owners): \$_____

25. Percentage of work performed by Applicant and others (must equal **100%**):

%_____ By you and your employees %_____ Labor Pools, Leased Workers, or Temporary Employees
%_____ Union Longshoremen %_____ 1099's
%_____ Sub-contractors

If you use sub-contractors, does their policy name and waive the Applicant? Yes No

26. Type(s) of Vessels worked on (must equal **100%**):

%_____ Aluminum %_____ Ferro Metal
%_____ Wood %_____ Fiberglass/Composite Materials %_____ Steel

COVERAGE OPTIONS

27. Select one or more Quote Options. Please note that additional options are available on-line.

	<input type="checkbox"/> Option A	<input type="checkbox"/> Option B	<input type="checkbox"/> Option C
Per Occurrence:	\$500,000	\$1,000,000	\$1,000,000
General Aggregate:	\$1,000,000	\$2,000,000	\$2,000,000
Products & Completed Ops:	\$500,000	\$1,000,000	\$1,000,000
Personal & Advertising:	\$500,000	\$1,000,000	\$1,000,000
Fire Legal:	\$50,000	\$50,000	\$100,000
Medical Expense:	\$5,000	\$5,000	\$10,000
Limited Pollution Liability:	\$50,000	\$50,000	\$50,000

Deductible: \$1,000 \$2,500 \$5,000 \$10,000

OPTIONAL ADDITIONAL INSURED AND LOSS PAYEES

28. Additional Insured: *(A blanket additional insured form will be attached, but list additional insureds if needed.)*

Name	Full Address
_____	_____
_____	_____
_____	_____

29. Loss Payee:

Name	Full Address
_____	_____
_____	_____
_____	_____

30. Supplemental Named Insured *(include relationship and nature of operations)*:

Name	Full Address
_____	_____
_____	_____
_____	_____

OPTIONAL COVERAGES

31. Include Tools and Equipment Coverage? Yes No *If Yes, complete the following questions.*

Tools and Equipment Sub-limit: \$ _____
 Supplies and Inventory Sub-limit: \$ _____
 Furniture and Fixtures Sub-limit: \$ _____
 Limit any one Unscheduled Item: \$ _____

Deductible each Claim: 1% minimum \$250 2% minimum \$250 3% minimum \$250

Description of items valued over the 'Limit any one Unscheduled Item': *If more please list on a separate sheet of paper.*

Description (Year/Make/Model/Value):	Loss Payee (Full Name and Address):
_____	_____
_____	_____
_____	_____
_____	_____

32. Include Hired and Non-owned Auto Coverage? Yes No *If Yes, complete the following questions.*

Number of employees/partners/members using their personal vehicles: _____

Number of above employees/partners/members under 25: _____

Description of vehicle use: _____

Frequency of use: Daily Weekly Monthly Less than Monthly

Number of company vehicles owned by Applicant: _____

Does Applicant obtain and verify MVR's and verify state insurance minimum requirements for those employees? Yes No

33. Include Stop Gap Coverage? Yes No *If Yes, complete the following questions.*

Number of employees to which Stop Gap applies: _____

States in which Applicant needs coverage: ND OH WA WV WY

34. Does the Applicant own any watercraft? Yes No *If Yes, complete the following questions.*

Does the Applicant require coverage through RLI? Yes No

If No, is P&I Coverage placed elsewhere? Yes No

Coverages required: Hull and P&I Hull Only P&I Only

Vessel usage, length, type and value: _____

NOTICE TO APPLICANT FOR INSURANCE - FRAUD WARNING

THIS NOTICE IS PART OF YOUR APPLICATION FOR COMMERCIAL INSURANCE. FOR YOUR PROTECTION VARIOUS STATE LAWS REQUIRE THE FOLLOWING NOTICE:

GENERAL FRAUD STATEMENT: 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 [NEW YORK: SUBSTANTIAL] CIVIL PENALTIES." (NOT APPLICABLE IN COLORADO, FLORIDA, HAWAII, MASSACHUSETTS, NEBRASKA, OHIO, OKLAHOMA, OREGON, VERMONT OR WASHINGTON; IN THE DISTRICT OF COLUMBIA, LOUISIANA, MAINE, TENNESSEE, VIRGINIA INSURANCE BENEFITS MAY ALSO BE DENIED.)

STATE SPECIFIC FRAUD STATEMENTS

IN **MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT**, 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN ADDITION, IN **CALIFORNIA**, ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

THIS NOTICE IS PART OF YOUR APPLICATION FOR COMMERCIAL INSURANCE. FOR YOUR PROTECTION **COLORADO** LAW REQUIRES THE FOLLOWING NOTICE: **FRAUD WARNING:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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.

IN THE **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.

IN **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.

THIS NOTICE IS PART OF YOUR APPLICATION FOR COMMERCIAL INSURANCE. FOR YOUR PROTECTION **HAWAII** LAW REQUIRES YOU BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT OR BOTH.

FOR YOUR PROTECTION **OHIO** LAW REQUIRES YOU BE INFORMED THAT ANY PERSON WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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.

FOR YOUR PROTECTION **OKLAHOMA** LAW REQUIRES THE FOLLOWING NOTICE: 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.

FOR YOUR PROTECTION **RHODE ISLAND** LAW REQUIRES YOU BE INFORMED THAT 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.

IN **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.

The foregoing statements made and signed by the applicant and/or his duly authorized agent are warranted by him to be a correct and true basis on which insurance may be granted, but in no way bind the applicant to accept the quotation or the insurers to accept the risk.

Applicant Signature: _____

Date: _____

Agent/Broker Signature: _____

Date: _____