

## EZ APPLICATION FOR SHIP REPAIRERS LEGAL LIABILITY INSURANCE

Applicant Name:	
Mailing Address (including City, State, Zip):	
Total Projected Gross Receipts for Terms: \$	Proposed Effective/Expiration Date:
List of Insured Locations: 1. 2.	

Yes	No	Type of work performed
		Vessel Detailing or Cleaning
		Electrical Installation or Repair
		Engine Repair
		Fiberglass Repair
		Painting
		Welding
		Other (describe):

Yes	No	Operations
		If fiberglass or painting, does insured perform all painting/fiberglass work in a UL approved booth or outdoors in the open?
		Are all operations 100% mobile?
		If not 100% mobile, are all non-owned boats on applicant's premises secured in completely fenced area or kept indoors?
		Does the applicant have at least 3 years experience in this trade?
Yes	No	Underwriting
		Has the applicant experienced any losses (covered or uncovered) in previous 5 years?
		Does the applicant perform any non-marine work?
		Does the applicant perform any diving operations?
		Does the applicant perform any gas freeing?
		Does the applicant perform work away from insured locations more than 100 miles?
		Does the applicant use any subcontracted work where the subcontractor does not carry \$1M of ship repairers legal liability?

LIMITS REQUESTED:				
General Aggregate	\$2,000,000	\$1,000,000	\$1,000,000	\$600,000
Products - Completed	\$1,000,000	\$1,000,000	\$500,000	\$300,000
Operations Aggregate	\$1,000,000	\$1,000,000	\$500,000	\$300,000
Personal And Advertising	\$1,000,000	\$1,000,000	\$500,000	\$300,000
Injury				
Each Occurrence	\$1,000,000	\$1,000,000	\$500,000	\$300,000
Fire Damage Legal Liability	\$50,000	\$50,000	\$50,000	\$50,000
Medical Expense	\$1,000	\$1,000	\$1,000	\$1,000

Would applicant like to include option for \$10,000 Equipment & Tools? \_\_\_ **Yes** \_\_\_ **No**

Contact Name and Phone Number for Inspection: \_\_\_\_\_

Applicant Signature	Date	Agent or Broker	Date
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**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 CIVIL FINES AND CRIMINAL PENALTIES.**

(March 2015)