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U.S. RISK MARINE ARTISAN PROGRAM APPLICATION:

NAME OF APPLICANT:								
APPLICANT ADDRESS: <i>(mailing address)</i>								
APPLICANT WEBSITE:								
YEARS IN BUSINESS:								
PROPOSED EFFECTIVE DATE:						12.01 am Standard Time at Assureds Address		
APPLICANT INFORMATION SECTION								
PLEASE INDICATE YOUR BUSINESS TYPE	<input type="checkbox"/> Individual		<input type="checkbox"/> Partnership		<input type="checkbox"/> Joint Venture			
	<input type="checkbox"/> Limited Liability Corp.		<input type="checkbox"/> Corporation		<input type="checkbox"/> Other _____			
BUSINESS DESCRIPTION:								
ANNUAL GROSS RECEIPTS: <i>(three years)</i>	\$	2017	\$	2016	\$	2015		
	%	Marine Work	%	Non-Marine				
DEDUCTIBLES:	Current deductible:		\$					
EMPLOYEE INFORMATION	Number of Employees <i>(Excluding Owner)</i> :			Annual Payroll:				
SUBCONTRACTOR INFORMATION:	Do you hire subcontractors?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Are subcontractors required to show proof of insurance?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Are subcontractors required to add you as an additional insured?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	What type of work performed by your subcontractors?							
MARINE WORK PERFORMED:	<input type="checkbox"/> Vessel Carpentry _____ %		<input type="checkbox"/> Vessel Electronics _____ %		<input type="checkbox"/> Vessel Engine Repair/Maintenance _____ %			
	<input type="checkbox"/> Vessel Canvas/Upholstery _____ %		<input type="checkbox"/> Hull Cleaning Services _____ %		<input type="checkbox"/> Vessel/Hull Repair _____ %			
	<input type="checkbox"/> Vessel Winterizing _____ %		<input type="checkbox"/> Welding / Hot Work _____ %		<input type="checkbox"/> Vessel Conversion _____ %			
	<input type="checkbox"/> Commercial Diving _____ %		<input type="checkbox"/> Marine Construction _____ %		<input type="checkbox"/> Marine Dredging _____ %			
	<input type="checkbox"/> Marine Surveying _____ %		<input type="checkbox"/> Marine Scaffolding _____ %		<input type="checkbox"/> Other _____ _____ %			
	<input type="checkbox"/> Pollution containment		<input type="checkbox"/> Shore-side utility work		<input type="checkbox"/> Sales/Purchase of Autos			
NON MARINE WORK PERFORMED:	<input type="checkbox"/> Auto repair		<input type="checkbox"/> Product Manufacturing		<input type="checkbox"/> Non-marine construction			
	<input type="checkbox"/> Welding / Hot Work		<input type="checkbox"/> Scaffolding		<input type="checkbox"/> Other _____			
CARE, CUSTODY AND CONTROL INFORMATION:					Average	Maximum		
	Ave/Max value of a vessel in the applicant's care, custody & control				\$	\$		
	Ave/Max number of vessels in the applicant's care, custody & control							
OWNED OR RENTED PREMISE INFORMATION:	Do you own or lease a commercial building or location? <i>(if yes please complete additional fields for owned/rented premise)</i>					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Location Address:							
	Max number of vessels in yard:							
	Is the yard fenced						<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is the yard locked afterhours						<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Description of fire protection:							
SCHEDULED PROPERTY:	Require more than \$10,000 for miscellaneous tools & equipment? <i>(if yes, attach schedule)</i>					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
LOSS EXPERIENCE:	Has your policy ever been cancelled or non-renewed? – if yes explain					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	LOSS DESCRIPTION:					Date of Loss	Loss Amount	
							\$	
							\$	
REQUIRED SIGN AND COMPLETE:	I understand that the above information, which is correct and complete to the best of my knowledge, is to be the basis of insurance, if granted, but does not obligate me to accept the insurance nor the Company to accept the risk.							
APPLICANT SIGNATURE:	X					Date:		
	Printed Name:							
BROKER SIGNATURE:	X					Date:		
	Printed Name:							

ADDITIONAL COMMENTS / COVERAGE REQUEST

Cover Request / Limits / Target Account Premium.

WORKBOAT SUPPLEMENTAL

Vessel Name:	Year:	Make:	Construction:	Description:	Hull Value:	Deductible:
			Select Type		\$	\$
			Select Type		\$	\$
			Select Type		\$	\$
			Select Type		\$	\$
			Select Type		\$	\$
			Select Type		\$	\$
			Select Type		\$	\$
VESSEL INFORMATION:		Summer Docking Location:				
		Winter Docking Location:				
		Current Operational Period:		From:	To:	
		Current Navigational Area: <i>(Within and between)</i>				
		Description of Hurricane Plan: <i>(U.S. Southern & Eastern Coastline)</i>				
PROTECTION & INDEMNITY INFORMATION:		Requested Limit:		<input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> Other:		
		Current deductible(s):				
		Total Crew Count:				