

1. APPLICANT INFORMATION

- a. Name of applicant: _____
- b. Applicant mailing address: _____
- c. Applicant website: _____
- d. Years in business: _____
- e. Proposed effective date: _____ at 12.01 a.m. Standard Time at assured's address
- f. Type of business:
 Individual Partnership Joint venture Limited Liability Corp. (LLC) Corporation
 Other: _____
- g. Business description: _____
- h. Annual gross receipts for last three years:
- | | | | | | |
|-------------|----------|-------------|----------|-------------|----------|
| Year: _____ | \$ _____ | Year: _____ | \$ _____ | Year: _____ | \$ _____ |
|-------------|----------|-------------|----------|-------------|----------|
- i. Percent of marine work: _____ % Percent of non-marine work: _____ %
- j. Current deductible: \$ _____
- k. Number of employees (excluding owner): _____
- l. Annual payroll: \$ _____

2. SUBCONTRACTOR INFORMATION

- a. Do you hire subcontractors? Yes No
- b. Are subcontractors required to show proof of insurance? Yes No
- c. Are subcontractors required to add you as an additional insured? Yes No
- d. What type of work is performed by your subcontractors? _____

3. 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: _____ | |

4. NON-MARINE WORK PERFORMED

- | | |
|--------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Pollution containment | <input type="checkbox"/> Shore-side utility work |
| <input type="checkbox"/> Sales/Purchase of Autos | <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: _____ | |

5. CARE, CUSTODY AND CONTROL INFORMATION

	Average	Maximum
VALUE of a vessel in the applicant's care, custody and control	\$	\$
NUMBER of vessels in the applicant's care, custody and control		

6. OWNED OR RENTED PREMISE INFORMATION

- a. Do you own or lease a commercial building or location? Yes No

If yes, please complete the following fields for owned/rented premise. *For multiple locations, please attach schedule.*

- i. Location address: _____
- ii. Maximum number of vessels in yard: _____
- iii. Is the yard fenced? Yes No
- iv. Is the yard locked after hours? Yes No
- v. Description of fire protection: _____

7. SCHEDULED PROPERTY

- a. Require more than \$10,000 for miscellaneous tools and equipment? Yes No

If yes, attach schedule.

8. LOSS EXPERIENCE

- a. Has your policy ever been cancelled or non-renewed? Yes No

If yes, explain:

b.

Loss Description	Date of Loss	Loss Amount
		\$
		\$
		\$

9. ADDITIONAL COMMENTS / COVERAGE REQUEST

Coverage request / limits / target account premium:

10. WORKBOAT SUPPLEMENTAL

a.

Vessel Name	Year	Make	Construction	Description	Hull Value	Deductible
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

VESSEL INFORMATION

- b. Summer docking location: _____
- c. Winter docking location: _____
- d. Current operational period (dates): From: _____ To: _____
- e. Current navigational area (within and between): _____
- f. Description of hurricane plan (U.S. Southern and Eastern coastlines): _____

PROTECTION & INDEMNITY INFORMATION

- a. Requested limit: \$500,000 \$1,000,000 Other: _____
- b. Current deductible(s): \$ _____
- c. Total crew count: _____

11. SIGN AND COMPLETE (REQUIRED)

I understand that the information above, 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

 Typed or printed name: _____

 Date

 Title: _____

BROKER SIGNATURE

 Typed or printed name: _____

 Date

 Title: _____