



1117 Elm Street
Manchester, NH 03101
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MARINE ARTISAN CONTRACTORS APPLICATION

Name of Applicant: _____

Mailing Address: _____

Business Address (if different): _____

Inspection (Contact/ Phone): _____

Years in Business Under Present Ownership: _____

Loss Payee(s): _____

Proposed Effective Dates of Coverage: From: _____ To: _____

COVERAGES APPLIED FOR: General Liability Marina Operator's Legal Liability Protection & Indemnity
 Tools & Equipment Workboats Boat Brokers Legal Liability (use MOLL section)

* If commercial auto, property, umbrella (excess liability) coverages are desired, please submit Acord applications.

Detailed description and overview of all business activities and operations:

GENERAL INFORMATION

1. Shop Location(s)

LOSS INFORMATION

1. Describe any losses within the past three years, including the amount paid:

2. What action has been taken to prevent future occurrences?

3. Present Insurance Carrier: _____

4. Any policy coverage declined, canceled or non-renewed? Yes No

If Yes, Please Explain _____

GENERAL LIABILITY COVERAGE

1. Boat Repair – Payroll: \$ _____ Boat Repair - Gross Receipts: \$ _____
 2. Boat Dockage Receipts: \$ _____ Boat Storage Receipts: \$ _____
 3. Boat Fueling Receipts: \$ _____ Boat Sales Receipts: \$ _____
 4. Hauling Out & Launching Receipts: \$ _____ Boat Brokers Commissions: \$ _____
 5. Other (Specify) _____ Gross Receipts: \$ _____
 6. GL Limit – Select One: _____ \$500K/\$1Million aggregate or _____ \$1M/\$2Million aggregate

MARINA OPERATORS LEGAL LIABILITY (or Boat Brokers Legal Liability)

1. Operations to be covered: _____ Repair _____ Storage _____ Docking& Moorage _____ Fueling
 _____ Hauling Out & Launching _____ Boat Sales _____ Boat Brokerage _____ Shrink Wrap
 _____ Other (please specify) _____
 2. Limit Desired: _____ \$500,000 or _____ \$1,000,000 Deductible: \$ _____ (\$1000 min)

PROTECTION AND INDEMNITY (\$2000 MEDICAL PAYMENTS INCLUDED)

1. Limit Desired \$ _____

MOBILE EQUIPMENT (attach supplemental schedule if more than 3 items)

1. List all equipment to be insured hereunder:

YEAR	MAKE	MODEL	SERIAL #	VALUE
				\$
				\$
				\$

TOOLS

1. Tools: Max any one item: \$ _____ Total Value \$ _____
 2. Deductible (\$250 minimum) \$ _____

WORKBOATS

1. Description of boats to be insured:

AGE	LENGTH	MANUFACTURER	SERIAL #	H.P.	VALUE
					\$
					\$
					\$

2. Describe usage of vessels: _____

Any passenger carrying vessels? _____ Yes _____ No (If yes, attach Commercial Hull Application)

3. Navigation Area: _____

4. Lay-Up: From: _____ To: _____

5. Deductible (\$250 minimum) \$ _____

6. Protection and Indemnity Limit required? _____

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by MPG may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's

Signature: _____

Date: _____

Print Name: _____

Title: _____