

## MARINE ARTISAN CONTRACTORS APPLICATION

Please attach (if applicable):  Loss Runs  Copy of storage or docking contract  Waiver of Subrogation or AI explanatory

### APPLICANT INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Website: \_\_\_\_\_  
Applicant's Tax ID/SSN: \_\_\_\_\_

### PRODUCER INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Quote Needed by: \_\_\_\_\_  
Desired Effective Date: From: \_\_\_\_\_ To: \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  LLC  Other (Describe): \_\_\_\_\_

### COVERAGES REQUESTED (check all that apply):

<input type="checkbox"/> Marine General Liability (MGL)	<input type="checkbox"/> Marine Artisan Legal Liability (MALL)	<input type="checkbox"/> Protection & Indemnity
<input type="checkbox"/> Sudden & Accidental Pollution (\$300,000 Limit)	<input type="checkbox"/> Hired & Non-Owned Auto Liability	<input type="checkbox"/> P&I Crew # _____
<input type="checkbox"/> Scheduled Equipment, Tools, Workboats	<input type="checkbox"/> MAC Extension Endorsement	

*\* Be advised that only the above listed coverages can be quoted using this application. For all other coverages, please use ACORD's or other supporting forms.*

### LIABILITY INFORMATION

Number of Employees: Full Time: _____ Part Time: _____	Number of Owners: _____ (excluding owners that only do clerical)
Gross Receipts \$ _____	Repair Payroll (Employee) \$ _____ Other Payroll (describe below) \$ _____

Percentage work subcontracted out: \_\_\_\_\_ Do you require Certificates of Insurance for Subs?  Yes  No  
Average size vessel worked on: \_\_\_\_\_ Maximum size vessel worked on: \_\_\_\_\_  
Average value vessel worked on: \$ \_\_\_\_\_ Maximum value vessel worked on: \$ \_\_\_\_\_  
\_\_\_\_\_ % of work on personal pleasure vessels \_\_\_\_\_ % of work on commercial vessels (describe below)

### RECEIPT ESTIMATION (100%)

_____ % Shrink Wrap	_____ % Engine Repair	_____ % Detailing	_____ % Electronics	_____ % Canvas
_____ % AC/ Plumbing	_____ % Fiberglass	_____ % Storage/Docking	_____ % Welding (describe below)	

Other (Description): \_\_\_\_\_

1. Please describe any additional information (certifications, security measures for storage, non-marine exposures, commercial work, etc)

\_\_\_\_\_

2. List any storage or shop locations:

\_\_\_\_\_

### SCHEDULED EQUIPMENT, TOOLS, AND WORKBOATS

#### EQUIPMENT

List all equipment to be insured hereunder. Deductible (\$500 minimum) \$ \_\_\_\_\_

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

Tools: Max any one item: \$ 1,000      Total Value \$ \_\_\_\_\_      Deductible (\$250 minimum) \$ \_\_\_\_\_

**WORKBOATS**

Description of boats to be insured      Deductible (\$500 minimum) \$ \_\_\_\_\_

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

- Describe vessel usage \_\_\_\_\_
- Any personal use?       Yes     No      If yes, please explain: \_\_\_\_\_
- Any passenger carrying vessel?     Yes     No      If yes, please explain: \_\_\_\_\_
- Navigation Area      \_\_\_\_\_      Layup Period: \_\_\_\_\_

**GENERAL INFORMATION**

- Number of years in business under Present Ownership: \_\_\_\_\_ (if less than 3 years, please provide resume)
- Present Insurance Carrier: \_\_\_\_\_      How long with current carrier: \_\_\_\_\_
- Has the applicant had any insurance policy declined, cancelled, or non-renewed during prior 3 years?     Yes     No  
If yes, please provide details: \_\_\_\_\_
- Describe any losses within the past three years, including amount paid, and changes undertaken to prevent reoccurrence:  
\_\_\_\_\_  
\_\_\_\_\_

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