

MARINE ARTISAN CONTRACTORS POLLUTION LIABILITY APPLICATION

APPLICANT INFORMATION

Insured Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Locations Covered (if different from above): _____

City: _____ State: _____ Zip: _____

Locations Covered (if different from above): _____

City: _____ State: _____ Zip: _____

Engineering Contact: _____ Engineering Phone: _____

Proposed effective dates of coverage From: _____ To: _____

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: _____

OPERATION TYPES	MINIMUM PREMIUMS
Sole Proprietor	\$1,000
1-5 Employees	\$1,500
6+ Employees	\$2,000
All policies carry a \$1,000,000 limit of liability	

No coverage provided for employees under the age of 21

RATING INFORMATION
Premium calculation based on annual number of work orders (\$25 rate/per job)
Seasonal Operations (0-8 months) Multiplication Factor..... 1.00
Year Round Operations (9-12 months) Multiplication Factor..... 1.15

