



*Able Maritime Yacht Insurance*

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**Marine Artisans Application**

1. Named Insured: \_\_\_\_\_  
(Complete name as it should appear on the policy including Inc., Corp., Ltd., Etc.)

2. Physical Address \_\_\_\_\_  
No. Street City County State Zip Code

3. Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

4. Policy proposed effective date \_\_\_\_\_ to \_\_\_\_\_

5. Locations where work is performed: \_\_\_\_\_  
\_\_\_\_\_

6. If numerous locations describe operating radius: \_\_\_\_\_

7. Propellers Pulled or replaced?  Yes  No

8. Any Towing of Watercraft?  Yes  No

9. Any Hauling/Launching?  Yes  No

10. Has the applicant and/or affiliated companies been involved in bankruptcy proceedings? Select the option that applies.  
 Never  In last 3 years (explain below)  In last 3-7 years (explain below)  Not in last 7 years

11. Has insurance been denied, cancelled or non-renewed on this Applicant and/or affiliated companies in the last 5 years?  
 Yes  No

12. Number of years Applicant has operated in this type of trade?  Less than 2 years  3 to 5 years  Over 5 years

13. Number of years Applicant in current operation?  Less than 1 year  3 to 5 years  Over 5 years

14. How long has this Applicant's insurance been handled by your agency?  Less than 1 year  3 to 5 years  Over 5 years

15. Is there any non-marine work performed?  Yes  No

If yes, please explain type and extent: \_\_\_\_\_  
\_\_\_\_\_

16. Is there any work performed on commercial vessels?  Yes  No

17. Do you engage in any diving operations with regard to work performed?  Yes  No

If yes, please explain type and extent: \_\_\_\_\_  
\_\_\_\_\_

18. Besides the owner/operator, how many are employed by this business?  0  1 to 3  4 or greater

19. Does the Applicant own any watercraft used in the course of business?  Yes  No

If yes, please describe vessel(s) and value: \_\_\_\_\_  
\_\_\_\_\_

20. Does the Applicant own any heavy equipment, or any individual tools, or any one piece of equipment in excess of \$2,500 for use in the business?  Yes  No

These will need to be listed at binding.

21. Does the insured transport by vehicle individual vessels worth not more than?

None transported  \$50,000  \$100,000  \$250,000 to \$500,000  Over \$500,000

22. Maximum values of marine equipment and vessel(s) at **applicants premises** in their care, custody, and control any one time does not exceed?

None  \$50,000  \$100,000  \$250,000  \$500,000  Over \$500,000

23. What is the value of the most expensive vessel the Applicant will perform work on?

\$100,000  \$250,000  \$500,000  Over \$500,000

24. Other than cabinetry (and other items made by a carpenter), does the Applicant manufacture any products?

If yes, please explain types of products manufactured:

Yes  No

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25. What is the total number of paid and outstanding losses for the last three years?

None  1-2  3-4  Over 4

26. What are the total values of claims in #24?

\$0  Under \$10,000  \$10,000 to \$25,000  \$25,000 to \$50,000  Over \$50,000

27. What are the anticipated annual gross receipts for upcoming year? \$ \_\_\_\_\_

28. Indicate all types of work performed by entering the percentage that work has to receipts entered in question 26.

**Total must equal 100%**

_____ Boiler Repair	_____ Cleaning or detailing work
_____ Electronic repair and installation	_____ Engine work or heavy machinery repair or installation
_____ Rigging work	_____ Reduction gear and/or Shaft and/of Propeller repair
_____ Refrigeration	_____ Sail/canvas repair
_____ Electrical	_____ Hauling or launching
_____ Marine carpentry	_____ Minor machinery repair (not make or engine repair related)
_____ Sandblasting	_____ Shrink wrapping
_____ Towing or marine salvage	_____ Vessel painting/bottom coating
_____ Welding	_____ Winterization of watercraft
_____ Fiberglass Repair	_____ <b>Other not listed / classified (explain below)</b>

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29. Tools and Equipment Limit:

\$10,000  \$20,000  \$30,000  \$40,000  \$50,000  \$60,000  \$70,000  
 \$80,000  \$90,000  \$100,000

30. Are you a subcontractor?  Yes  No

31. Do you subcontract work?  Yes  No

If yes, do you obtain certificates of insurance?  Yes (Limit \$ \_\_\_\_\_)  No

32. Are you named as an insured on other policies?  Yes  No

33. Do you rent or lease any property?  Yes  No

If yes, approximate size of property \_\_\_\_\_

34. Do you have any docks on your property?  Yes  No  
If yes, how many slips \_\_\_\_\_

35. Owner: Date of birth: \_\_\_\_\_ Years in this trade \_\_\_\_\_

Licenses held: \_\_\_\_\_

Certifications/education: \_\_\_\_\_  
\_\_\_\_\_

Past employment positions: \_\_\_\_\_  
\_\_\_\_\_

36. Employee: For each employee list years with this business and certifications(attach separate page if necessary)

Name	Years	Certifications
_____	_____	_____
_____	_____	_____

37. Limit of liability requested \$ \_\_\_\_\_ Effective date: \_\_\_\_\_

38. Current insurance Company \_\_\_\_\_

**SIGNING THIS FORM DOES NOT BIND THE PROPOSER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS PROPOSAL SHALL BE THE BASIS OF THE INSURANCE ENTERED INTO WITH THE COMPANY. IN THE EVENT THE INSURANCE IS ACCEPTED BY THE INSURANCE COMPANY, THEN THE INSURANCE COMPANY CONDITIONS WOULD FORM THE BASIS OF THE POLICY.**

**Fraud Warning Notice**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME BY SIGNING THIS APPLICATION, THE SIGNOR WARRANTS THAT TO THEIR BEST KNOWLEDGE ALL INFORMATION GIVEN IS TRUE AND ACCURATE.

Signature of Applicant: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date Signed: \_\_\_\_\_