

APPLICANT NAME:			Years In Business: _____
MAILING ADDRESS:	City: _____	State: _____	Zip Code: _____
PREMISES ADDRESS #1: <input type="checkbox"/> N/A – 100% Mobile	City: _____	State: _____	Zip Code: _____
PREMISES ADDRESS #2:	City: _____	State: _____	Zip Code: _____
PRIMARY OPERATIONS:	Percentage of Operations		Gross Receipts From Specific Operations
<input type="checkbox"/> Watercraft Repair & Service	_____ %		\$ _____
<input type="checkbox"/> Performs Engine or Mechanical Work			
<input type="checkbox"/> Performs Diesel Work (on motors above 100 HP)			
<input type="checkbox"/> Diesel Work 30% or Less of Overall Operations			
<input type="checkbox"/> Performs Fuel Filtering/Polishing			
<input type="checkbox"/> Performs Hull Repair & Service			
<input type="checkbox"/> Watercraft Electronics Installation, Sales, Repair & Service	_____ %		\$ _____
<input type="checkbox"/> Watercraft Detailing	_____ %		\$ _____
<input type="checkbox"/> Performs Underwater Hull Cleaning			
<input type="checkbox"/> Watercraft Rigging or Accessorizing – Non Structural	_____ %		\$ _____
<input type="checkbox"/> Watercraft Canvas Installation, Sales, Repair & Service	_____ %		\$ _____
<input type="checkbox"/> Watercraft Upholstery Installation, Sales, Repair & Service	_____ %		\$ _____
<input type="checkbox"/> Watercraft Painting	_____ %		\$ _____
<input type="checkbox"/> Performs Spray Painting			
<input type="checkbox"/> Watercraft Parts Sales (retail/over-the-counter)	_____ %		\$ _____
<input type="checkbox"/> Other (describe):			
_____	_____ %		\$ _____
_____	_____ %		\$ _____
TOTAL GROSS RECEIPTS: Provide gross receipts for the past three years			
\$ _____ Year: _____ \$ _____ Year: _____ \$ _____ Year: _____			
TYPE OF VESSELS WORKED ON:			
<input type="checkbox"/> Private Pleasure	<input type="checkbox"/> Commercial Vessels		
<input type="checkbox"/> PWC's (jet ski, etc.)	<input type="checkbox"/> Commercial Vessel Work More Than 20% But Less Than 30% of Overall Operations		
<input type="checkbox"/> Non-PWC	<input type="checkbox"/> Commercial Vessel Work More Than 30% of Overall Operations		
<input type="checkbox"/> Fiberglass	_____ %	Average Size of Vessels Worked On:	_____
<input type="checkbox"/> Aluminum	_____ %	Maximum Size of Vessel Will Work On:	_____
<input type="checkbox"/> Steel	_____ %		
<input type="checkbox"/> Wood	_____ %	Average Value of Vessels Worked On:	\$ _____
<input type="checkbox"/> Cement	_____ %	Maximum Value of Vessel Will Work On:	\$ _____
<input type="checkbox"/> Other	_____ %		
ADDITIONAL LIABILITY INFORMATION:			
<input type="checkbox"/> Welding, Torch, Iron or Hot Work Performed			
<input type="checkbox"/> Subcontractors/Independent Contractors Used _____ % Of Overall Operations			
<input type="checkbox"/> You Keep Customer's Vessels Overnight/During Non-Business Hours			
<input type="checkbox"/> Premises Is Fenced, Locked & Lighted		<input type="checkbox"/> Customer's Vessels Kept In Secured Locked Building	
<input type="checkbox"/> You Operate/Test Customer's Vessels On Water A Maximum Distance of _____ Miles Any One Way			

DESIRED LIABILITY LIMITS:

- \$1M Occ / \$2M Gen Agg / \$1M Prod - Co Ops / \$1M P&A Injury / \$100K Damages To Premises Rented To You / \$5K Med Exp
- \$1M Occ / \$1M Gen Agg / \$1M Prod - Co Ops / \$1M P&A Injury / \$100K Damages To Premises Rented To You / \$5K Med Exp
- \$500K Occ / \$1M Gen Agg / \$500K Prod - Co Ops / \$500K P&A Injury / \$100K Damages To Premises Rented To You / \$5K Med Exp
- \$500K Occ / \$500K Gen Agg / \$500K Prod - Co Ops / \$500K P&A Injury / \$100K Damages To Premises Rented To You / \$5K Med Exp
- \$300K Occ / \$600K Gen Agg / \$300K Prod - Co Ops / \$300K P&A Injury / \$100K Damages To Premises Rented To You / \$5K Med Exp
- \$300K Occ / \$300K Gen Agg / \$300K Prod - Co Ops / \$300K P&A Injury / \$100K Damages To Premises Rented To You / \$5K Med Exp

DESIRED LIABILITY DEDUCTIBLE: (*\$2,500 minimum in: Alabama; Louisiana; Mississippi*) \$1,000 \$2,500

ADDITIONAL INSURED:

Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____

Interest: _____

PROPERTY INFORMATION:

Location # Building # Year Built: _____ Protection Class: _____
 _____ _____

Construction Type: Frame Masonry Non-Combustible
 Joisted Masonry Modified Fire Resistive
 Non-Combustible Fire Resistive

Building Limit: \$ _____
 Business Personal Property Limit: \$ _____

Building has an automatic burglar alarm, protecting the entire building that signals to an outside central station or police station
 Complete updates to all roofing, wiring, heating, air conditioning & plumbing within past 15 years
 Other Occupants In Building Whose Operations Consists of:

Location # Building # Year Built: _____ Protection Class: _____
 _____ _____

Construction Type: Frame Masonry Non-Combustible
 Joisted Masonry Modified Fire Resistive
 Non-Combustible Fire Resistive

Building Limit: \$ _____
 Business Personal Property Limit: \$ _____

Building has an automatic burglar alarm, protecting the entire building that signals to an outside central station or police station
 Complete updates to all roofing, wiring, heating, air conditioning & plumbing within past 15 years
 Other Occupants In Building Whose Operations Consists of:

TOOLS & EQUIPMENT INFORMATION:

Desired Limits:

Your Tools:	\$ _____	For Loss To Any One Tool Per Occurrence
	\$ _____	Per Any One Occurrence For Loss To All Of Your Tools
Your Equipment:	\$ _____	For Loss To Any One Piece of Equipment Per Occurrence
	\$ _____	Per Any One Occurrence For Loss To All Of Your Equipment
Employee Tools:	\$ _____	For Loss To Any One Employee Tool Per Occurrence
	\$ _____	Per Any One Occurrence For Loss To All Of Your Employees Tools
Employee Equipment:	\$ _____	For Loss To Any One Piece of Equipment Per Occurrence
	\$ _____	Per Any One Occurrence For Loss To All Of Your Employees Equipment

Scheduled Tools & Equipment: *(Any item over the deductible must be scheduled. Minimum deductibles: \$500 for limits up to \$4,500; \$1,000 for limits of \$4,500 to \$25,000)*

Type	Description (year, make, model & serial number)	Limit
		\$
		\$
		\$

Types: YT = Your Tools YP = Your Equipment ET = Employee Tools EP = Employee Equipment

LOSS INFORMATION:

Loss Date	Open/Closed	Description of Loss	Amount Paid	Amount Outstanding
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

SIGNATURES

I understand that the above information, 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.

Producer information only required in Florida, Iowa, and New Hampshire.

Authorized Representative Signature*: X	Authorized Representative Name – Printed:	Date (mm/dd/yyyy):
Producer Signature*: X	State Producer License No (required in FL):	Date (mm/dd/yyyy):
Agency:	Agency Contact:	Agency Phone Number:

* If you are electronically submitting this document, apply your electronic signature to this form by clicking the Electronic Signature and Acceptance box below: By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes you signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by your hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance - Producer