

**ALL RISKS, LIMITED – National Specialty Programs**10150 York Road, 5th Floor, Hunt Valley, MD 21030

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Contact us at: programs@allrisks.comwww.allrisks.com**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? These will need to be listed at binding. ☐ Yes ☐ No
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
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 #25? ☐ \$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 27. **Total must equal 100%**
- | | |
|---|---|
| ☐ Boiler Repair | ☐ Refrigeration |
| ☐ Cleaning or detailing work | ☐ Rigging work |
| ☐ Electrical | ☐ Sail/canvas repair |
| ☐ Electronic repair and installation | ☐ Sandblasting |
| ☐ Engine work or heavy machinery repair or installation | ☐ Shrink wrapping |
| ☐ Fiberglass Repair | ☐ Towing or marine salvage |
| ☐ Hauling or launching | ☐ Vessel painting/bottom coating |
| ☐ Marine carpentry | ☐ Welding |
| ☐ Minor machinery repair (not make or engine repair related) | ☐ Winterization of watercraft |
| ☐ Reduction gear and/or Shaft and/of Propeller repair | ☐ Other not listed / classified (explain below) |
-
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

ALL RISKS, LTD.

NOTICE TO APPLICANTS: THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLELY ON THE INFORMATION PROVIDED.

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. IN COLORADO, THE DISTRICT OF COLUMBIA, LOUISIANA, MAINE, TENNESSEE, AND WASHINGTON, INSURANCE BENEFITS MAY ALSO BE DENIED.

Name (type or print)	Signature	Date

NOTICE TO PRODUCERS: THE PRODUCER HEREBY WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

Name (type or print)	Signature	Date	License #