

MITCHELL YORK COOPER

Marine Insurance Brokers

866-539-7077 * www.mycins.net

Marine Artisan Application

Name of Assured: _____

Mailing Address: _____

City: _____

State and Zip: _____

Survey Contact : _____ Phone: _____

Producer's Name: _____

Street Address: _____

City: _____

State and Zip: _____

1. Has the Applicant and/or affiliated companies been involved in bankruptcy proceedings...? If so, why? _____
2. Has insurance been denied, cancelled or non-renewed on this Applicant and/or affiliated companies in the last 5 years? If so, why? _____
3. Number of years Applicant has operated in this type of trade? _____
4. Number of years in current operation? _____
5. How long has this Applicant's insurance been handled by your agency? _____
6. Is any non-marine work performed? _____
7. Is any work performed on commercial vessels? _____
8. Do you engage in any diving operations with regard to work performed? _____
9. Besides the owner/operator, how many are employed by this business? _____
10. Does Applicant own any watercraft used in the course of business? _____
11. Does 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? _____
12. Insured transports by vehicle individual vessels worth not more than...? _____
13. Maximum values of marine equipment and vessel(s) at applicant's premises in their care, custody, and control any one time does not exceed...? _____

14. What is the value of the most expensive vessel the Applicant will perform work on? _____
15. Other than cabinetry (and other items made by a carpenter), does the Applicant manufacture any products? _____
16. What are the total number of paid and outstanding losses for the last three years? _____
17. What are the total values of claims in 16? _____
18. What are the anticipated annual gross receipts for upcoming year? _____
19. Do you work on boat engines? _____ If so, gas or diesel? _____ (Note: Factory certificates required)
20. Indicate all types of work performed by entering the percentage that work has to receipts. Total must equal 100%.

Boiler Repair	_____
Cleaning or Detailing Work	_____
Electrical	_____
Electronic Repair and Installation	_____
Engine Work or Heavy Machinery Repair or Installation	_____
Fiberglass Repair	_____
Hauling or Launching	_____
Marine Carpentry	_____
Minor Machinery Repair (not major engine repair related)	_____
Refrigeration	_____
Rigging Work	_____
Sail/Canvas Repair	_____
Sandblasting	_____
Shrink Wrapping	_____
Towing and Marine Salvage	_____
Vessel Painting and Bottom Coating	_____
Welding	_____
Winterization of Watercraft	_____
Other Not Listed / Categorized	_____

21. Please list the following limits (**Required**):

Marine General Liabilities, Marine Artisans Liability and Protection & Indemnity	_____
General Aggregate Limit	_____
Products Hazard Or Completed Operations Hazard Aggregate Limit	_____
Personal Injury and Advertising Injury Aggregate Limit	_____
Damage To Premises Rented To You Limit	<u>\$250,000</u>
Medical Expense Limit	<u>\$10,000</u>
Pollution Liability (Sub-Limit)	<u>\$50,000</u>

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OF INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING , INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRADULENT INSURANCE ACT, WHICH IS A CRIME!!!

Signature of Applicant: _____ Date: _____