



MARINE ARTISAN'S PACKAGE APPLICATION

Named Insured: _____

Contact Person for Inspection and Telephone Number: _____

Mailing Address: _____

Year Business Started: _____

Website: _____

Other Named Insureds: _____

Policy Period From: _____ To: _____

Billing Type: Agency Direct

Billing Options: Full Pay 2 Pay 4 Pay 10 Pay

GENERAL INFORMATION

Is Operation Owner-Operated? Yes No

Please Indicate Form of Business

Individual Partnership Joint Venture Limited Liability Co. Corporation Other: _____

Are Any of the Following Non-marine Work Performed

Pollution Containment or Abatement Exposure? Yes No

Landslide Utility Work? Yes No

Buying or Selling Motor Vehicles? Yes No

Landslide Construction? Yes No

Automobile, Recreational Vehicles (Snowmobiles, Motorcycles, Etc.) Repair or Service? Yes No

Gas Freeing? Yes No

If Yes to Any of the Above, Please Provide Details of the Operations: _____

Do Operations Include Any Diving/In-water Exposure? Yes No

If Yes, is Any Work Subcontracted Out? Yes No

If Yes to Either, Please Describe Work Performed: _____

Do You Own Any Vessels Which are Used in Your Operations? Yes No

If Yes, Please Complete the Workboat Section on Page 3

Which of the following Marine Work is Performed?

Vessel Engine Repair and Maintenance

Vessel Carpentry and Finish Work

Vessel Electronics and Electric Work

Canvas, Sail and Rigging Work

Hull Cleaning Services

Hull Repair Work, Fiberglass Patching, Painting, Wood Work

Winterizing of Vessels

Marine Dredging or Marine Construction

Do You Act as a Marine Surveyor, Engineer or Architect? Yes No

If Yes, Please Provide Details: _____

Are Any of the Following Owned: Dry-Dock Marine Railways Marine Repair Piers

Gross Receipts – List Gross Receipts for the Past 3 Years:

Year: _____ \$ _____ Year: _____ \$ _____ Year: _____ \$ _____

Estimated Gross Receipts for the Next 12 Month Period: _____

Percentage of the Total Receipts Generated from Non-marine Work? _____

Describe any Non-marine Work Performed: _____

Total Payroll for the Last Year: _____

Projected Payroll for the Next 12 Months: _____

GENERAL INFORMATION – VESSELS

Type of Vessels Worked on (Check All That Apply and Percentages)

Steel _____% Fiberglass _____% Wood _____% Aluminum _____% Ferro Cement _____%

Type of Work (Check All That Apply and Percentages)

Engine _____% Boiler _____% Hull _____% Electrical _____% Painting _____% Welding _____%

Number of Vessels Hauled Out Last Year: _____

Average Value of Vessels: \$ _____

Maximum Value of Vessels: \$ _____

FIRE PROTECTION AND SECURITY

Address of Owned or Leased Yard (Street, City, State, Zip Code, Country): _____

Number of Vessels Repaired in Yard Last Year: _____

Number of Vessels Repaired Outside Yard Last Year: _____

Number of Vessels in Storage: _____

Is the Public Fire Department Paid or Volunteer? _____

How Many Public Fire Hydrants are on Location? _____ What is the Distance: _____

Do You Have Private Fire Protection? Yes No

If Yes, Please Describe: _____

Is Yard Fenced in? Yes No

How Long Has Shipyard Been in Operation Under Present Management? _____

Prior Name of Shipyard, if Any: _____

Is Area Locked Entry or Restricted Entry? _____

LOSS EXPERIENCE

List Loss Experiences for the Past 5 Years With Amounts Paid and Outstanding, Including Uninsured Losses.

Date Of Loss	Description	Amount
		\$
		\$
		\$
		\$
		\$

If You Have Been in Business Less Than 3 Years, a Resume Demonstrating 3 Years of Experience in the Trade is Required. Please Attach.

SHIP REPAIRER'S LIABILITY SUPPLEMENTARY QUESTIONNAIRE

Do You Navigate Vessels for Trials/Trips? Yes No

If Yes, What is the Maximum Distance? _____

Do Your Employees Perform Work Off Premises? Yes No

If Yes, Please Describe: _____

COVERAGE OPTIONS

Do You Wish to Increase the Marine General Liability Limit? Yes No

If Yes, Please Select the New General Liability Limit Per Occurrence Below

\$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

Do You Wish to Increase the Limit of Miscellaneous Property Coverage from the \$10,000 Minimum? Yes No

If Yes, Please Select the New Coverage Amount Below

\$20,000 for an Additional Premium of \$250 \$30,000 for an Additional Premium of \$300
 \$40,000 for an Additional Premium of \$350 \$50,000 for an Additional Premium of \$400

Please Select a Deductible Below

\$1,000 \$2,500 (Standard) \$5,000 \$7,500 \$10,000 Other: _____

WORKBOAT SUPPLEMENTARY QUESTIONNAIRE

Coverage Required

Hull and Machinery

Insured Value: \$ _____ Deductible: \$ _____

Loss Payee (if any): _____

Protection and Indemnity

Limit of Liability: \$ _____ Deductible: \$ _____

Crew Coverage: Include Exclude

DESCRIPTION OF OPERATIONS

Describe the Services in Which the Vessel is Used: _____

What Waters are Navigated? _____

Dates When the Vessel Will be Laid Up Annually From: _____ To: _____

Describe Maintenance Including Haul-out Schedules: _____

Describe Loss-control Practices: _____

OPERATORS/CREW

Name	Date of Birth	Drivers License # / State	Position	USCG License?	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

If More Space is Needed Please Attach a Separate Sheet.

DESCRIPTION OF VESSEL

If More Than One Vessel Attach Schedule. If Recent Vessel Survey is Available Please Attach.

Name of Vessel: _____
Purchase Price: \$ _____ Present Market Value: \$ _____ Current Replacement Value: \$ _____
Year Built: _____ Built By: _____ Type of Vessel: _____
Length: _____ Material of Hull: _____ Gross Tons: _____
Has the Vessel Ever Been Classified? Yes No
If Yes, is it Still "in Class" Give Details: _____
Date Last Surveyed: _____ By Whom: _____
Have All Recommendations Been Fully Complied With? Yes No
If No, Please Explain: _____
List All Vessels Owned or Partly Owned by the Applicant: _____

ENGINES AND EQUIPMENT

Make of Main Engine: _____ Model: _____ Year: _____ HP: _____
Has Engine Been Overhauled? Yes No
If Yes, When and by Whom: _____
Does Fire Extinguishing Equipment Meet USCG Requirements? Yes No
If Yes, List All Safety Equipment: _____
Does All Safety Equipment Meet USCG Requirements? Yes No
If Yes, List All Safety Equipment: _____

SPECIAL INFORMATION

Present Insuring Company: _____ Provide Copies of Current Policies if Available.
Has Any Company Ever Cancelled Insurance for This Owner? Yes No
If Yes, With What Company and on What Terms? _____

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 ISR 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 insurance.

Any persons 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: _____



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