

## APPLICANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Inspection Contact: \_\_\_\_\_ Inspection Phone: \_\_\_\_\_

Year in business under present ownership: \_\_\_\_\_

Proposed effective dates of coverage: From \_\_\_\_\_ To: \_\_\_\_\_

Loss Payee(s): \_\_\_\_\_

Additional coverages applied for under separate ACORD application: *(Also include ACORD 125)*

- ☐ Property    ☐ General Liability    ☐ D&O/EPLI    ☐ Umbrella/Bumbershoot    ☐ Crime  
☐ Commercial Auto    ☐ Pollution    ☐ Liquor

## GENERAL INFORMATION

Location(s) of boat builder: A. \_\_\_\_\_

B. \_\_\_\_\_

Construction of building where boat building takes place:

- ☐ Frame    ☐ Steel    ☐ Masonry Non-Combustible  
☐ Other Describe: \_\_\_\_\_

Is building sprinklered?    ☐ Yes    ☐ No

Protection:    ☐ Lights    ☐ Chains    ☐ Fully Fenced    ☐ Watchman Service    ☐ Breakwater

☐ Certified Central Station Alarm    ☐ Alarm System (Not Certified)

☐ Other Describe: \_\_\_\_\_

Describer Hurricane Emergency Plan:

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Is there a regular snow removal plan in effect for roofs and access ways? ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

Type of vessel(s) to be constructed (if more than one, list size and type - include boat spec. sheet)

\_\_\_\_\_  
\_\_\_\_\_

Distance from the coast: \_\_\_\_\_ Average number of vessels built annually: \_\_\_\_\_

Maximum value any one vessel: \_\_\_\_\_

#### LIMITS OF LIABILITY

Any one vessel: \$ \_\_\_\_\_ Any one occurrence: \$ \_\_\_\_\_

Temporary storage location: \$ \_\_\_\_\_ Wind deductible: \$ \_\_\_\_\_

Transit by land or water: \$ \_\_\_\_\_ Deductible (Min. \$1,000): \$ \_\_\_\_\_

#### TRANSIT COVERAGE

Is transit by water required? ☐ No ☐ Yes If yes, for ☐ Boat Show ☐ Delivery

☐ Other, Describe: \_\_\_\_\_

Is over-land transit required? ☐ No ☐ Yes If yes, do you use ☐ Your own vehicle ☐ Common Carrier

Are customers boats used (taken back into possession) for boat shows? ☐ No ☐ Yes

If yes, how many annually? \_\_\_\_\_

#### REPAIR COVERAGE

Number of vessels typically repaired annually: \_\_\_\_\_

Total value of vessel under repair (any one time) \$ \_\_\_\_\_

Gross repair receipts last two years: \$ \_\_\_\_\_ for 20\_\_\_\_\_, \$ \_\_\_\_\_ for 20\_\_\_\_\_

#### LOSS INFORMATION

Describe any claims or losses within the past five years including the amount paid:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What action has been taken to prevent future occurrences?

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Present insurance carrier: \_\_\_\_\_

Have you ever had a policy coverage declines, cancelled or non-renewed? ☐ No ☐ Yes

If yes, explain: \_\_\_\_\_

*PLEASE ATTACH SITE DIAGRAM*

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 One80 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 issuance.

Any person 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: \_\_\_\_\_