

### APPLICANT INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Applicant's Tax ID/SSN: \_\_\_\_\_  
 Applicant is:  Individual  Partnership  Corporation  LLC  Other \_\_\_\_\_

### PRODUCER INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Quote Need by: \_\_\_\_\_  
 Desired Effective Date: \_\_\_\_\_ to \_\_\_\_\_

### COVERAGES REQUESTED (check all that apply)

<input type="checkbox"/> Marine General Liability	<input type="checkbox"/> Marine Contractors Legal Liability (MCLL)	<input type="checkbox"/> Owned Watercraft
<input type="checkbox"/> Protection & Indemnity	<input type="checkbox"/> Sudden & Accidental Pollution (\$300,000 Limit)	<input type="checkbox"/> Tools/Equipment
<input type="checkbox"/> MAC Extension Endorsement	<input type="checkbox"/> Hired & Non-Owned Automobile Liability	<input type="checkbox"/> Business Personal Property

### PLEASE ATTACH:

<input type="checkbox"/> Loss Runs	<input type="checkbox"/> Resume (if in business for less than 3 years)	<input type="checkbox"/> Copy of Written Work/Service Order
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### GENERAL INFORMATION

- Number of years in business under present ownership: \_\_\_\_\_
- Present Insurance Carrier: \_\_\_\_\_ Number of years with current carrier: \_\_\_\_\_
- Has the applicant had any insurance policy declined, cancelled, or non-renewed during the prior 3 years?  Yes  No  
 If yes, please provide details: \_\_\_\_\_
- Describe any losses within the past three years, including amount paid, and changes to prevent recurrence:  
 \_\_\_\_\_  
 \_\_\_\_\_

### LIABILITY INFORMATION

- Do you own or lease any shop facilities?  Yes  No  
 If yes, please describe: \_\_\_\_\_
- Are you a licensed Captain?  Yes  No  
 If yes, do you provide captain services for hire (deliveries, maintenance, move in emergency services) that are not related with repair or installation services performed by you?  Yes  No
- Do you ever perform vessel surveys?  Yes  No

4. Is any work subcontracted?  Yes  No

If yes: What percent of work is subcontracted? \_\_\_\_\_

5. Do you obtain Certificates of Insurance from all subcontractors & require that they name you as Additional Insured?

Yes  No

What limit of insurance do you require subcontractors maintain? \_\_\_\_\_

6. Do you install parts or equipment provided by the customer?  Yes  No

7. Do you perform any diving other than hull cleaning or zinc replacements?  Yes  No

If yes, please describe \_\_\_\_\_

8. Please provide any additional information such as certifications, security measures, and details regarding any non-marine or commercial work performed.

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

**Number of Employees:** Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

**Number of Owners:** \_\_\_\_\_ (exclude owners that only do clerical work)

**Projected Receipts/Payroll:**

Boat Repair Receipts: \$ \_\_\_\_\_

Boat Repair Payroll: \$ \_\_\_\_\_

Boat Storage Receipts: \$ \_\_\_\_\_

Yacht Management Receipts: \$ \_\_\_\_\_

Other Receipts: \$ \_\_\_\_\_ Please Describe: \_\_\_\_\_

**Work Performed:** Total must equal 100%

\_\_\_\_\_% Shrink Wrap    \_\_\_\_% Engine Repair    \_\_\_\_% Engine Rebuild    \_\_\_\_% Detailing

\_\_\_\_\_% Canvas    \_\_\_\_% AC/Plumbing    \_\_\_\_% Fiberglass    \_\_\_\_% Electronics Installation or Repair

\_\_\_\_\_% Welding    Please Describe: \_\_\_\_\_

\_\_\_\_\_% Other    Please Describe: \_\_\_\_\_

**Vessel Information:**

Average Size of Vessels Worked On: \_\_\_\_\_ Maximum Size Vessels Worked On: \_\_\_\_\_

Average Value of Vessels Worked On: \$ \_\_\_\_\_ Maximum Value of Vessels Worked On: \$ \_\_\_\_\_

\_\_\_\_\_% Private Pleasure Vessels

\_\_\_\_\_% Commercial Vessels

**TOOLS & EQUIPMENT**

Unscheduled Tools/Equipment Limit: \_\_\_\_\_ Maximum    Any One Item Limit: \$1,000    Deductible: \_\_\_\_\_

Scheduled Tools/Equipment:

Year	Make	Model	Serial #	Value	Deductible Requested
				\$	\$
				\$	\$
				\$	\$

**OWNED WATERCRAFT**

Year	Make & Model	Length	HIN	Horsepower	Value	Use	Deductible Requested
					\$		\$
					\$		\$
					\$		\$

- Any personal use by owners/employees?  Yes  No  
If yes, please describe: \_\_\_\_\_
- Are any vessels used for chartering or passenger carrying operations?  Yes  No
- If yes, please describe: \_\_\_\_\_
- Navigation area: \_\_\_\_\_

**BUSINESS PERSONAL PROPERTY INFORMATION**

Business Personal Property Limit	Building Occupancy	Construction Type	Year Built
\$			

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 Intermediaries 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.

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