MARINE PACKAGE APPLICATION

GENERAL INFORMATION

1.	Named Insured:	
2.	Insured's Mailing Address:	
3.	Location of Premises:	
4.	Loss history for Past 5 Years:	
5.	Complete Description of Operation:	
6.	Do you have a Formal Safety Program?	Yes ☐ No ☐

	TYPE OF WORK	RECEIPTS
7.		$
		$
		$
		$
		$
	TOTAL ALL OPERATIONS	$

8.	Type of clients:	
9.	On what types of vessels will you work?	
10.	Percentage work on/off premises?	ON OFF
11.	A. Average value of vessels worked on:	
	B. Max. value of vessels worked on:	
	C. Max. value of ALL vessels in yard at one time:	
12.	A. Do you install, service or demonstrate products?	Yes ☐ No ☐
	B. Any foreign products sold, distributed, used as components.	Yes ☐ No ☐
	C. Guarantees, warranties, hold harmless agreement?	Yes ☐ No ☐
	D. Products recalled, discontinued, changed?	Yes ☐ No ☐
	E. Products of others sold or repackaged under applicant's label?	Yes ☐ No ☐
	F. Products under label of others?	Yes ☐ No ☐
	G. Sporting or social events sponsored?	Yes ☐ No ☐
	Please explain any "Yes" answers above:	
13.	Is all work being carried out in accordance with the local authority and fire regulations?	

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14.	Describe any hazardous chemicals, flammable or explosives used:	
15.	Is there any work performed on vessels that would require gas freeing? (If yes, please produce details of gas free certification process)	Yes ☐ No ☐ If yes, details:
16.	Years in business: (If new, attach resume of all principals to document experience)	
17.	A. Do you subcontract work out?	Yes ☐ No ☐ If yes, amount: Describe:
	B. Are certificates of insurance required from subcontractors:	Yes ☐ No ☐ If yes, what limit Min?
18.	Name & phone # of contact person for inspection & additional information, if any:	

I/we hereby declare that the above information and are true and I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with underwriters if issued.

APPLICABLE IN FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signature: _____   Title: _____

Print Name: _____   Date: _____

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SUPPLEMENTAL QUESTIONS FOR HULL, P&I AND EQUIPMENT COVER

VESSELS

	Name	Type	Year Built	Dimensions	Tonnage	Hull Sum Insured	P & I Required?
1.							Yes ☐ No ☐
2.							Yes ☐ No ☐
3.							Yes ☐ No ☐
4.							Yes ☐ No ☐
5.							Yes ☐ No ☐
19.	If Crew coverage is desired, please advise maximum # of Crew working on ALL vessels at any one time:						

EQUIPMENT

	Make / Model	Year	Value
1.			
2.			
3.			
4.			
5.			

20.	Loss History for last 5 years for Hull & Equipment:	
21.	Where are vessels/equipment stored when not in use?	
22.	What security or other protections are there at this location?	
23.	Do you have a written storm/hurricane plan to protect your vessel/equipment?	Yes ☐ No ☐

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Signature: _____   Title: _____

Print Name: _____   Date: _____

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