



Marine Artisan Application

Please complete and submit to North American Marine Underwriters

APPLICANT INFORMATION

Name of Insured: _____

Address: _____
(STREET) (CITY) (STATE) (ZIP)

Contact Name: _____ Telephone Number: _____

Insured is:

Corporation Individual Partnership LLC Other _____

Year Business established: _____ Description of operations: _____

Business Location(s): _____

Policy:

New Renewal Policy Period: _____ to: _____

COVERAGES APPLIED FOR

General Liability * Marina Operator's Legal Liability Protection & Indemnity Tools & Equipment Workboats
 Boat Builders Risk Bumbershoot/Umbrella

* If Commercial Auto, Property coverages are desired, please submit a cord applications.

LOSS INFORMATION

Describe any losses within the past three years, including the amount paid:

What action has been taken to prevent future occurrences?

Current Insurance Carrier(s): _____ Current Limits: GL: _____ MOLL: _____

Any policy coverage declined, canceled or non-renewed? Yes or No

If Yes, Please Explain _____

POLICY LIMITS AND DEDUCTIBLES REQUESTED

General Liability Limit: (\$1M/\$2Million aggregate)

General Liability Extension Endorsement: Optional coverage that is added to the GL section

Marina Operators Legal Liability : \$1,000,000

MOLL Deductible: \$1,000 \$2,500 \$5,000

Protection and Indemnity Limit: \$1,000,000

Bumbershoot/Umbrella Limit select: \$1,000,000 \$2,000,000 -- Bumbershoot SIR: \$10,000

Bumbershoot Required Underlying Limits:

General Liability: \$1,000,000/2,000,000 MOLL: \$1,000,000 Commercial Auto: \$1,000,000

Protection & Indemnity: \$1,000,000 Employers Liability: \$500/500/500,000

If Bumbershoot is excess of Automobile and Employers Liability please provide underlying schedule.

GENERAL LIABILITY AND MARINA OPERATORS LEGAL LIABILITY COVERAGES

Boat repair gross receipts: \$ _____ Boat Brokers Gross Receipts: \$ _____

Boat Dockage receipts: \$ _____ Boat Storage receipts: \$ _____

Boat Fueling receipts: \$ _____ Hauling out/Launching receipts: \$ _____

Boat Detailing: \$ _____ Shrink-wrap: \$ _____

Other (specify) _____ Gross receipts: \$ _____

MOBILE EQUIPMENT *(attach supplemental schedule if more than 4 items)*

List all equipment to be insured hereunder:

Year	Make	Model	Serial Number	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Deductible (\$1000 minimum) \$ _____

UNSCHEDULED TOOLS AND EQUIPMENT

Maximum any one item \$ _____ Deductible (\$500 minimum) \$ _____

Total Value of all unscheduled Tools/Equipment \$ _____

WORKBOATS

Description of boats to be insured:

Age	Length	Manufacturer	Serial Number	H.P.	Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Describe usage of vessels: _____ Navigation Area _____

Hull Deductible: \$ _____ (minimum \$500) Lay-Up: From _____ To _____

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, ANY INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

FOR NEW YORK AND OHIO APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE, CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICANTS SIGNATURE

DATE

AGENT

PRODUCER CODE