



# ARTISAN APPLICATION

1. Name of applicant \_\_\_\_\_

2. Applicant email address \_\_\_\_\_

3. Applicant address *(No, Street, City, State, Zip Code, Country)* \_\_\_\_\_

4. Telephone No. \_\_\_\_\_

5. Anticipated Effective Date (mm/dd/yyyy): \_\_\_\_\_

### GENERAL INFORMATION

6. Has the Applicant been involved in bankruptcy proceedings in the past 20 years?  Yes  No

*If Yes, enter year and detailed reason for bankruptcy.* \_\_\_\_\_

7. Has any insurance been denied, canceled, or non-renewed on the Applicant in the last 5 year?  Yes  No

*If Yes, enter reason.* \_\_\_\_\_

8. Number of year's entity/company has been in operation: \_\_\_\_\_

9. Is coverage being applied for currently in place?  Yes  No

*If No, enter reason:* \_\_\_\_\_

10. Number of years Applicant has operated in this type of trade: \_\_\_\_\_

11. Number of year's entity/company has been under current management: \_\_\_\_\_

12. List any relevant certifications, training, and experience: \_\_\_\_\_

13. Any known and/or reported losses for the last 3 years (include any Stop Gap losses, if applicable).  Yes  No *If Yes, enter claim details.*

*If more space required please list on a separate sheet of paper.*

Year	Description of loss	Amount	Open/Closed
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____



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## WORK INFORMATION

14. Estimated gross receipts for coming term: \$ \_\_\_\_\_ Last year \$ \_\_\_\_\_ Prior Year \$ \_\_\_\_\_

15. Work Performed (should total 100%)

Description	Percent	Description	Percent
Asbestos removal/Abatement	_____	Insulation/Lagging	_____
Boiler repair	_____	Machinery repair – engine work or heavy machinery repair/installation	_____
Bottom cleaning/scrubbing (incl zinc replacement)	_____	Machinery repair – minor	_____
Cleaning or detailing work	_____	Marine Carpentry	_____
Conversion	_____	Painting – Interior Painting	_____
Disposal of hazardous materials (incl dredge spoil)	_____	Painting – Vessel Painting/Bottom Coating	_____
Electrical – component repair and installation	_____	Plumbing – Installation and Repair	_____
Electrical – work (wiring, etc)	_____	Reduction gear / shaft / propeller repair	_____
Fiberglass repair	_____	Rigging Work	_____
Fuel cleaning	_____	Sail / Canvas Repair	_____
Glazier of yachts/window install, remove and reset	_____	Sandblasting	_____
Hauling or launching	_____	Shrink wrapping	_____
Hull – steel work; burning and welding	_____	Upholstery	_____
HVAC/Refrigeration	_____	Varnish – Refinish of Woods and Brightworks	_____
Hydraulic systems & winch repairs/install, stabilizers and steering	_____	Winterization of Watercraft	_____

Any work that does not fit into the above categories enter description and percent below:

Description	Percent:
_____	_____
_____	_____
_____	_____

16. Are any diving operations performed?  Yes  No *If Yes, enter depth, number of divers, and description of operations.*

Maximum dive depth in meters: \_\_\_\_\_ Number of divers other than owners: \_\_\_\_\_

Description of diving operations: \_\_\_\_\_

17. Does Applicant transport any vessels by vehicle:  Yes  No *If Yes, complete the following questions.*

Are special permits obtained based on state requirements:  Yes  No

Maximum number of vessels towed behind a single vehicle at any one time: \_\_\_\_\_

Maximum number of vessels towed per year: \_\_\_\_\_

Maximum length (in feet) of any vessel towed: \_\_\_\_\_

Maximum value of any single vessel moved by vehicle: \$ \_\_\_\_\_

Maximum distance (in miles) vessels towed: \_\_\_\_\_



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18. Number of yards/premises/locations rented, owned or leased by the Applicant as an office or where work is performed? \_\_\_\_\_

*Complete if one or more. If more than one location, please list on a separate sheet of paper.*

Property Type:  Owned  Rented/Leased

Location Type:  Office Location  Work Performed Yard/Location

Location Name and Address: \_\_\_\_\_

Maximum number of vessels at location at any given time: \_\_\_\_\_

Maximum values at location at any given time: \$ \_\_\_\_\_

Security Measures:

Fire Alarmed  Guard Dogs  Lighted  No Yard/Everything Locked Indoors  Security Alarmed

Security Guard/Watchman (non-working hours)  Yard Fenced, Gated, and Locked  None of the Above

19. Maximum value of vessel Applicant does work on: \$ \_\_\_\_\_

20. Average value of vessel Applicant does work on: \$ \_\_\_\_\_

21. Does Applicant fabricate/manufacture anything:  Yes  No

*If Yes, describe types of products:* \_\_\_\_\_

22. Are any Gas Freeing operations performed?  Yes  No *If Yes, complete the following questions.*

Number of vessels Gas Freed per year: \_\_\_\_\_

Indicate types employed:

Full-time Gas Freeing Chemist  Outside Contracted Chemist (requires proof of GL))

Outside Contracted Chemist (no proof of GL)  No Chemist Used

23. Number of Employees (excluding owners): \_\_\_\_\_ Payroll (excluding owners): \$ \_\_\_\_\_

24. Percentage of work performed by Applicant and others (must equal 100%):

% \_\_\_\_\_ By you and your employees      % \_\_\_\_\_ Labor Pools, Leased Workers, or Temporary Employees

% \_\_\_\_\_ Union Longshoremen      % \_\_\_\_\_ 1099's

% \_\_\_\_\_ Sub-contractors If you use sub-contractors, does their policy name and waive the Applicant?  Yes  No

25. Percentage of receipts based on work performed on vessel types (must equal 100%):

% \_\_\_\_\_ Private Pleasure Watercraft      % \_\_\_\_\_ Commercial Watercraft

% \_\_\_\_\_ Other Non-watercraft related work: *If greater than 0%, please enter a description:*

26. Type(s) of Vessels worked on (must equal 100%):

% \_\_\_\_\_ Aluminum      % \_\_\_\_\_ Ferro Metal

% \_\_\_\_\_ Wood      % \_\_\_\_\_ Fiberglass/Composite Materials      % \_\_\_\_\_ Steel



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## COVERAGE OPTIONS

27. Select one or more Quote Options. Please note that additional options are available on-line.

	<input type="checkbox"/> Option A	<input type="checkbox"/> Option B	<input type="checkbox"/> Option C
Per Occurrence:	\$ 500,000	\$1,000,000	\$1,000,000
General Aggregate:	\$1,000,000	\$2,000,000	\$2,000,000
Products & Completed Ops:	\$ 500,000	\$1,000,000	\$1,000,000
Personal & Advertising:	\$ 500,000	\$1,000,000	\$1,000,000
Fire Legal	\$ 50,000	\$ 50,000	\$ 100,000
Medical Expense:	\$ 5,000	\$ 5,000	\$ 10,000
Limited Pollution Liability:	\$ 50,000	\$ 50,000	\$ 50,000

Deductible:  \$1,000  \$2,500  \$5,000  \$10,000

## OPTIONAL ADDITIONAL INSURED AND LOSS PAYEES

28. Additional Insured *(A blanket additional insured form will be attached, but list additional insureds if needed.)*

Name	Full Address
_____	_____
_____	_____

29. Loss Payee:

Name	Full Address
_____	_____
_____	_____

30. Supplemental Named Insured *(include relationship and nature of operations):*

Name	Full Address
_____	_____
_____	_____



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## OPTIONAL COVERAGES

31. Include Tools and Equipment Coverage?  Yes  No *If Yes, complete the following questions.*

Tools and Equipment Sub-limit: \$ \_\_\_\_\_

Supplies and Inventory Sub-limit: \$ \_\_\_\_\_

Furniture and Fixtures: \$ \_\_\_\_\_

Limit any one Unscheduled Item: \$ \_\_\_\_\_

Deductible each Claim:  1% minimum \$250  2% minimum \$250  3% minimum \$250

Description of items valued over the 'Limit any one Unscheduled Item': *If more please list on a separate sheet of paper*

Description (Year/Make/Model/Value)

Loss Payee (Full Name and Address):

_____	_____
_____	_____
_____	_____

32. Include Hired and Non-owned Auto Coverage?  Yes  No *If Yes, complete the following questions.*

Number of employees/partners/members using their personal vehicles: \_\_\_\_\_

Number of above employees/partners/members under 25: \_\_\_\_\_

Description of vehicle use: \_\_\_\_\_

Frequency of use:  Daily  Weekly  Monthly  Less than Monthly

Number of company vehicles owned by Applicant: \_\_\_\_\_

Does Applicant obtain and verify MVR's and verify state insurance minimum requirements for those employees?  Yes  No

33. Include Stop Gap Coverage?  Yes  No *If Yes, complete the following questions.*

Number of employees to which Stop Gap applies: \_\_\_\_\_

States in which Applicant needs coverage:  ND  OH  WA  WV  WY

34. Does the Applicant own any watercraft?  Yes  No *If Yes, complete the following questions*

Does the Applicant require coverage through RLI?  Yes  No

If No, is P&I Coverage placed elsewhere?  Yes  No

Coverages required:  Hull and P&I  Hull Only  P&I Only

Vessel usage, length, type and value: \_\_\_\_\_

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

The foregoing statements made and signed by the applicant and/or his duly authorized agent are warranted by him to be a correct and true basis on which insurance may be granted, but in no way bind the applicant to accept the quotation or the insurers to accept the risk.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent/Broker Signature

\_\_\_\_\_  
Date