

Please attach (if applicable): Loss Runs Copy of storage or docking contract Waiver of Subrogation or AI explanatory

APPLICANT INFORMATION

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Website: _____
 Applicant's Tax ID/SSN: _____

PRODUCER INFORMATION

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Quote Needed by: _____
 Desired Effective Date: From: _____ To: _____

Applicant is Individual Partnership Corporation LLC Other (Describe): _____

COVERAGES REQUESTED (check all that apply):

<input type="checkbox"/> Marine General Liability (MGL)	<input type="checkbox"/> Marine Artisan Legal Liability (MALL)	<input type="checkbox"/> Protection & Indemnity
<input type="checkbox"/> Sudden & Accidental Pollution (\$300,000 Limit)	<input type="checkbox"/> Hired & Non-Owned Auto Liability	<input type="checkbox"/> P&I Crew # _____
<input type="checkbox"/> Scheduled Equipment, Tools, Workboats	<input type="checkbox"/> MAC Extension Endorsement	

** Be advised that only the above listed coverages can be quoted using this application. For all other coverages, please use ACORD's or other supporting forms.*

LIABILITY INFORMATION

Number of Employees: Full Time: _____ Part Time: _____	Number of Owners: _____ (excluding owners that only do clerical)
Gross Receipts \$ _____	Repair Payroll (Employee) \$ _____ Other Payroll (describe below) \$ _____

Percentage work subcontracted out: _____ Do you require Certificates of Insurance for Subs? Yes No
 Average size vessel worked on: _____ Maximum size vessel worked on: _____
 Average value vessel worked on: \$ _____ Maximum value vessel worked on: \$ _____
 _____% of work on personal pleasure vessels _____% of work on commercial vessels (describe below)

RECEIPT ESTIMATION (100%)

_____ % Shrink Wrap	_____ % Engine Repair	_____ % Detailing	_____ % Electronics	_____ % Canvas
_____ % AC/ Plumbing	_____ % Fiberglass	_____ % Storage/Docking	_____ % Welding (describe below)	

Other (Description): _____

1. Please describe any additional information (certifications, security measures for storage, non-marine exposures, commercial work, etc)

2. List any storage or shop locations:

SCHEDULED EQUIPMENT, TOOLS, AND WORKBOATS

EQUIPMENT

List all equipment to be insured hereunder. Deductible (\$500 minimum) \$ _____

YEAR	MAKE	MODEL	SERIAL #	VALUE	DEDUCTIBLE
				\$	\$
				\$	\$
				\$	\$

Tools: Max any one item: \$ 1,000 Total Value \$ _____ Deductible (\$250 minimum) \$ _____

WORKBOATS

Description of boats to be insured Deductible (\$500 minimum) \$ _____

AGE	LENGTH	MANUFACTURER	SERIAL #	H.P.	VALUE
					\$
					\$

1. Describe vessel usage _____
2. Any personal use? Yes No If yes, please explain: _____
3. Any passenger carrying vessel? Yes No If yes, please explain: _____
4. Navigation Area _____ Layup Period: _____

GENERAL INFORMATION

1. Number of years in business under Present Ownership: _____ (if less than 3 years, please provide resume)
2. Present Insurance Carrier: _____ How long with current carrier: _____
3. Has the applicant had any insurance policy declined, cancelled, or non-renewed during prior 3 years? Yes No
If yes, please provide details: _____
4. Describe any losses within the past three years, including amount paid, and changes undertaken to prevent reoccurrence:

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