

**Marine – Vessel Repair/Service Supplemental**  
*(To be submitted with ACORD Applications)*

**Clear Form**

APPLICANT GENERAL INFORMATION			
Applicant:			
Mailing Address:			
City, State & Zip Code:			
Website Address:			
Length of time in business:	Years	Months	Proposed effective date:
Years of experience:	Years	Months	
Survey Contact / Phone #:			
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:			
List and describe any business owned, operated or managed by the applicant, including any Lessor's Risks:			
Is the applicant a subsidiary of any other entity and/or does the applicant have any subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PRODUCER INFORMATION	
Agency:	
Mailing Address:	
City, State & Zip Code:	
Auto-Owner's Agent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Auto-Owner's Agent #:

PHYSICAL LOCATION GENERAL INFORMATION			
Are all operations 100% Mobile? <input type="checkbox"/> Yes <input type="checkbox"/> No, Advise The Following Information:			
Address:			
1.			
2.			
3.			
Locations			
	1	2	3
1. Paid or volunteer local fire protection?			
2. Distance from local fire department station:			
3. Public fire hydrants (number and distance):			
4. Automatic Fire Alarm?			
5. Automatic Sprinklers / Fire Suppression System?			
6. Automatic / emergency fuel shutoff valve?			
7. Non-owned watercraft kept in-water at the applicant's premises?			
8. All non-owned vessels on applicant's premises secured in a completely fenced (6' or higher), locked & lighted area or kept inside a secured locked building during non-working hours?			
9. Automatic Burglary Alarm System that signals to a Central Station or police station?			
10. Watchman service after business hours?			

COVERAGE REQUESTED
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<input type="checkbox"/> Commercial General Liability	<input type="checkbox"/> Marina Operator's Legal Liability	<input type="checkbox"/> Marina Operator's Protection & Indemnity
<input type="checkbox"/> Ship Repairer's Legal Liability	<input type="checkbox"/> Property (provide ACORD 140)	<input type="checkbox"/> Inland Marine (provide ACORD 146)
<b>LIABILITY LIMITS REQUESTED</b>		
	Option A	Option B
General Aggregate:	\$ _____	\$ _____
Prod. – Co. Ops. Aggregate:	\$ _____	\$ _____
Personal & Advertising Injury:	\$ _____	\$ _____
Each Occurrence:	\$ _____	\$ _____
Damage to Premises of Others:	\$ _____	\$ _____
Medical Expense (any one person):	\$ _____	\$ _____

OPERATIONS OVERALL	
1. Do you use a standard service contract, agreement or work order that sets out your responsibilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
a. Please attach a copy of your contract, agreement, work order, and/or warranty:	<input type="checkbox"/> Attached
2. Do you ever assume responsibility for any injury or property damage that may occur regardless of who may have caused the injury or damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Indicate Type of Work Performed and Percentage of Overall Operations:	
<input type="checkbox"/> Vessel General Repair & Service _____%	<input type="checkbox"/> Vessel Electronics Installation, Sales, Repair & Service _____%
<input type="checkbox"/> Vessel Engine Repair & Service _____%	<input type="checkbox"/> Vessel Canvas Work _____%
<input type="checkbox"/> Vessel Hull Repair & Service _____%	<input type="checkbox"/> Vessel Upholstery Work _____%
<input type="checkbox"/> Vessel Cleaning & Detailing _____%	<input type="checkbox"/> Vessel Fuel Polishing _____%
<input type="checkbox"/> Vessel Painting _____%	<input type="checkbox"/> Vessel Stores – Retail (not Boat Dealers) _____%
<input type="checkbox"/> Other (describe): _____	_____%
<input type="checkbox"/> Non-Marine (describe): _____	_____%
4. Indicate Type of Vessel Work Performed On and Percentage of Overall Operations:	
<input type="checkbox"/> Fiberglass _____%	<input type="checkbox"/> Steel _____%
<input type="checkbox"/> Aluminum _____%	<input type="checkbox"/> Other (describe): _____
4a. <input type="checkbox"/> Private Pleasure _____%	
<input type="checkbox"/> Commercial _____%	
<input type="checkbox"/> Industrial _____%	
5. What is the average value of any one vessel worked on?	\$ _____
6. What is the maximum value of any one vessel worked on?	\$ _____
7. What is the average number of vessels at the applicant's premises at any one time?	
8. What is the maximum number of vessels at the applicant's premises at any one time?	

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OPERATIONS OVERALL (continued)		
9. If engine repair & service work performed: <input type="checkbox"/> N/A		
a. What % is outboard motor work? _____%	b. What % is diesel motor work? _____%	
c. What is the average HP of motors worked on for: Gasoline Motors _____ HP Diesel Motors _____ HP		
d. What is the maximum HP of motors worked on for: Gasoline Motors _____ HP Diesel Motors _____ HP		
10. If hull repair & service work performed: <input type="checkbox"/> N/A		
a. What % of hull work is performed: Inside a Building: _____% Outside in the Open: _____%		
11. If painting work performed: <input type="checkbox"/> N/A		
a. What % of painting work is performed: Inside a Building: _____% Outside in the Open: _____%		
b. Is all painting or fiberglass work performed in a building done in a U.L. approved booth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
c. What % of painting work performed outside is: Rolling/Brushing _____% Spraying _____% <input type="checkbox"/> N/A		
12. Is any welding work performed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
13. % of work performed under water? _____% Describe:		
14. Is any gas freeing work performed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
15. Is any portion of the operations subcontracted out to others? <input type="checkbox"/> Yes <input type="checkbox"/> No		
16. Radius of operations from applicant's premises: Average: Miles Maximum: Miles		
17. Is any heavy equipment, including travel lifts and cranes, owned or operated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
a. Type of equipment:		
18. Any mobile equipment, including forklifts, leased from others? <input type="checkbox"/> Yes <input type="checkbox"/> No		
a. Type of equipment leased:		
b. Operators provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Lease basis:		
19. Indicate the Number of Owners, Full Time Employees, and Part Time Employees That Makes Up the Applicant's Company:		
a. Owners:	b. Full Time Employees:	c. Part Time Employees:

ACCOUNT HISTORY						
	Current Year	1 Year Ago	2 Years Ago	3 Years Ago	4 Years Ago	5 Years Ago
<b>Employee Payroll:</b>	\$	\$	\$	\$	\$	\$
<b>Total Gross Receipts:</b>	\$	\$	\$	\$	\$	\$
<b>Number of Losses: (insured &amp; uninsured)</b>						
<b>Paid Losses:</b>	\$	\$	\$	\$	\$	\$
<b>Outstanding Losses:</b>	\$	\$	\$	\$	\$	\$
20. Current insurance company:						
21. Current insurance premium:						
22. Has your insurance ever been cancelled or nonrenewed? <input type="checkbox"/> Yes <input type="checkbox"/> No						



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_____	_____
PRODUCER'S SIGNATURE	DATE:
_____	_____
APPLICANT'S SIGNATURE	DATE: