



Pacific Ocean Marine
MARINE INSURANCE SPECIALIST

APPLICATION FOR SHIP REPAIRERS OR MARINE ARTISANS

PLEASE COMPLETE THE ATTACHED QUESTIONNAIRE AS FULLY AS POSSIBLE

Proposed Effective Date: _____ 12:01 AM

Expiration Date: _____ 12:01 AM

New Policy? Yes No

Expiring Policy Date: _____

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Insured/s: |
| Mailing Address: |
| Location (attach separate sheet if more than one): |
| Number of years in business: |
| Interest of the Named Insured/s in the described premises: <input type="checkbox"/> Owner <input type="checkbox"/> General Lease <input type="checkbox"/> Tenant <input type="checkbox"/> Other |
| Describe: |
| Limit Required (per occurrence): \$ |
| Deductible Required (per occurrence): \$ |

UNDERWRITING INFORMATION

Please answer all questions

How long in operation under present management: _____

Name(s) and Past Experience(s) of key personnel: _____

Number of full-time employees: _____ Number of part-time employees: _____

Annual Payroll \$ _____

Fire Protection:

Public _____ Paid _____ Volunteer _____

Distance from premises _____ Number of fire hydrants on premises _____

Number of fire extinguishers _____

If racked storage, how many sprinkler heads per pod _____

Please, give a full description of other fire protections _____

Is formal safety program in force? (circle) YES / NO

Person to contact for survey

Are night-watchmen employed on premises? (circle) YES / NO

Are premises floodlit at night? (circle) YES/ NO

Is storage area fenced in? (circle) YES / NO Describe fencing:

Does the facility own any automobiles? (circle) YES / NO

Is hired and non-owned auto liability required? (circle) YES / NO

ANTICIPATED ANNUAL GROSS RECEIPTS FOR OPERATION

Please answer all questions

Mooring / slip rental \$ _____ Ship store / marine store \$ _____

Alcoholic Beverage \$ _____

Storage (normal) \$ _____ Restaurant / Snack Bar \$ _____

Alcoholic Beverage \$ _____

Storage (racked) \$ _____ Hotel / Campground \$ _____

Fueling \$ _____ New / Used Boat Sales \$ _____

Repairs / Servicing \$ _____ Other \$ _____



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CLAIMS AND LOSSES OVER THE LAST 5 YEARS –

List all losses and give full details. Use a separate sheet if necessary

SPECIFIC INFORMATION IN RESPECT OF SHIP REPAIRERS OR MARINE ARTISANS

Please answer all questions

Details of yard facilities (i.e. wet / dry docks, piers, wharves, onshore facilities, etc.):

Gross receipts during the past 12 months \$ _____

Estimated gross receipts for next 12 months \$ _____

Types of repairs carried out: _____

Repairs and servicing carried out:

Servicing _____% (Mechanical _____%, Electrical _____%)

Rigging _____% Painting _____% Welding / burning _____%

Other _____% Describe: _____

Number of vessels repaired annually _____

Types of vessels repaired: _____

Maximum Size (Tonnage): _____

Average value per vessel \$ _____

Maximum value per vessel \$ _____

If any reconstruction, fabrication, assembly, or other onshore work is done, please give details and percentage of operations. Attach a separate sheet if necessary.

Movement of third party property by land or water is automatically covered with 25 miles of scheduled premises. Any movement in excess of 25 miles must be pre-approved and any additional premium paid. If movement in excess of 25 miles normally occurs on a regular basis:

- i) Average number of times per month _____
- ii) Average length of movement _____ miles



Fraud Warning:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or a statement of claim 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 and subjects such a person to criminal and civil penalties.

APPLICANT'S SIGNATURE _____ DATE: _____

PRODUCER'S SIGNATURE _____ DATE: _____