HARBOR RISK

A DIVISION OF
INNOVATION GROWTH PARTNERS SPECIALTY, LLC

Questions: 866-411-7446
Submissions: submit@harborrisk.com

Artisan/Ship Repairers Application

Agent Information

Agency Name: _____

Contact Name: _____

Mailing Address: _____

City:_____State: _____ Zip:_____

Email: _____Phone: _____

Applicant Information

Legal Entity Name: _____

DBA: _____

Mailing Address _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

General Information

Coverage Effective Date: _____ Current Carrier: _____

Is Renewal Being Offered: ☐Yes ☐No

Does Submitting Agent Control the Account: ☐Yes ☐No

Expiring Premium All Lines: $_____

Additional Named Insureds	Relationship
_____	_____
_____	_____

Years Under Current Management: _____

Has insurance been declined, cancelled, or non-renewed in the past 5 years? ☐Yes ☐No

If Yes, why? _____

Member of MTAM or MBIA Association: ☐Yes ☐No

Certified Clean Marina? ☐Yes ☐No

Is Coverage being applied for currently in place? ☐Yes ☐No

If No, please explain lack of coverage: _____

Number of years Applicant has operated in this type of trade (if less than one year, indicate 0):_____

Indicate years entity and/or company has been under current management
(if less than one year, indicate 0): _____

Please list relevant certifications, training, and experience in space provided (if none, please enter none):

_____

Estimated gross receipts for coming term: _____

Number of Employees. Indicate 'Owner(s) Only' of there are no employees: _____

Estimated payroll for coming term: Not required if prior response is 'Owner(s) Only': _____

Has the Applicant and/or affiliated companies been involved in bankruptcy proceedings in
the past 10 years? ☐Yes ☐No

Location Information:

Please indicate the number of yards/premises/locations rented, owned or leased by Applicant as an office or where work is performed (if none, enter 0). If more than one location, please list on separate piece of paper and attached to the application.

Please list any yard/premise/location rented/owned/leased by Applicant as an office or where work is performed:

Location Detail:

Property Type: ☐Owned ☐Rented/Leased

Location Type: ☐Both Office & Work Performed ☐Office Location Only ☐Work Performed Yard/Location

Location Name: _____

Location Address: _____

_____

Location Values:

Maximum number of vessels at location at any given time: _____

Maximum values at any given location:_____

Security Measures:

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

☐Security Alarmed ☐Security ☐Guard/Watchman (non-working hours)

☐Yard Fenced & Gated & Locked ☐None of the Above

Diving and Transport:

Diving Operations:

Are any diving operations performed? If No, skip to the next section. ☐Yes ☐No

Enter maximum dive depths in meters: _____

Number of divers, or "Owner(s) Only' (if applicable):_____

Describe diving operations: _____

Vessel Transport:

Does applicant transport any vessels by vehicle? If No, skip to the next section. ☐Yes ☐No

Enter all values in space provided regarding vessels transported by vehicle:

Are all special permits for moves based on state requirements obtained? ☐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 singed vessel moved by vehicle: _____

Maximum distance (in miles) vessels towed: _____

General Work Information:

Maximum value of vessel Applicant does work on: _____

Average value of vessel Applicant does work on: _____

Does Applicant fabricate/manufacture anything? If No, skip to the next section. ☐Yes ☐No

Describe types of products in space provided: _____

Paid or Outstanding Losses:

Are you aware of any event that has lead or could lead to a loss or a claim in the last five years? ☐Yes ☐No

Please include current loss runs.

Work Information:

Percentage of work performed by self and others. *Total should equal 100%.*

Description:	**Percentage:**
By you and your Employees (include 1099 employees)	_____ %
Labor Pools, Lease Workers, Temporary Employees	_____ %
Sub-Contractors	_____ %

If you use sub-contractors, does their policy name and waive the Applicant? ☐Yes ☐No

Percentage of Work Based on Receipts. *Total should equal 100%.*

Enter percentage of receipts based on work performed on vessel types.

Description:	**Percentage:**
Private Pleasure Watercraft	_____ %
Commercial Watercraft	_____ %
Other Non-Watercraft related work	_____ %

Describe Non-Watercraft related work: _____

Type(s) of Vessels Worked On. *Total should equal 100%.*

Description:	**Percentage:**
Aluminum	_____ %
Ferro Metal	_____ %
Fiberglass/Composite Materials	_____ %
Steel	_____ %
Wood	_____ %

Work Performed. *Total should equal 100%.*

Description:	**Percentage:**
Asbestos removal/Abatement	_____ %
Boiler repair	_____ %
Bottom cleaning/scrubbing – including zinc replacement	_____ %
Cleaning or detailing work	_____ %
Conversion	_____ %
Disposal of hazardous materials, including, but not limited to dredge spoil	_____ %
Electrical – component repair and installation	_____ %
Electrical – work (wiring, etc.)	_____ %
Fiberglass repair	_____ %
Fuel cleaning	_____ %
Glazier of yachts/window install, remove and reset	_____ %
Hauling or launching	_____ %
Hull – steel work; burning and welding	_____ %
HVAC/Refrigeration	_____ %
Hydraulic systems and winch repairs and installation, stabilizers, and steering	_____ %
Insulation/Lagging	_____ %
Machinery repair – Engine work or heavy machinery repair/installation	_____ %
Machinery repair – Minor (not major engine repair related)	_____ %
Marine carpentry	_____ %
Painting – Interior painting	_____ %
Painting – Vessel Painting/Bottom Coating	_____ %
Plumbing – installation and repair	_____ %
Reduction gear and/or shaft and/or propeller repair	_____ %
Rigging work	_____ %
Sail/Canvas Repair	_____ %
Sandblasting	_____ %
Shrink wrapping	_____ %
Upholstery	_____ %
Varnish – refinish of woods and brightworks	_____ %
Winterization of watercraft	_____ %
TOTAL:	_____ %

Enter any other work that does not fit in the above categories.

Description:	**Percentage:**
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Work Boats

☐Scheduled Below ☐Spreadsheet Provided w All Information Below

Loc	Type	Make	Length	Year Built	H.P.	Value	Deductible	Potential to tow other vessels	If Applicable Fire / CO detectors	Crew Coverage / # of Crew

Commercial Tools & Equipment (any piece of equipment exceeding $2,500 in value, must be scheduled)

Make & Model	Year Built	Serial Number	Requested Limit	Storage Location
Unscheduled Tools	N/A	N/A	$	☐Secured off hours

Scheduled Equipment Expiring Deductible: ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ $10,000

Unscheduled Tools & Equipment Expiring Deductible: ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ $10,000

Is there a regular equipment maintenance program in effect at present: ☐Yes ☐No

Are maintenance records kept on file: ☐Yes ☐No

If applicable, how often are travel lift straps and shackles inspected: _____

Sudden & Accidental Pollution

Sudden & Accidental Pollution Limit Requested: ☐$100,000 ☐$250,000 ☐$500,000 ☐$1,000,000 ☐N/A

Do you have a Spill Prevention, Control and Countermeasure Plan in Place? ☐Yes ☐No

Who is responsible for executing this plan? _____

Has there been a Sudden & Accidental Pollution incident during the last five years? ☐Yes ☐No

If yes, please explain: _____

Are there drinking wells on site: ☐Yes ☐No

Protection and Indemnity

Limit (standard): $1,000,000 (Request excess quote if higher limit is desired)

Coverage Requested: ☐Yes ☐No (no deductible)

Med Pay Limit (standard): $10,000

Quote Options:

Select the option and any deductible(s) you need quoted from Options A or B. More than one option can be selected/created.

	Option A	Option B
General Liability:		
General Aggregate Limit	$2,000,000	$2,000,000
Products-Completed Operations Aggregate Limit	$2,000,000	$2,000,000
Personal and Advertising Injury Limit	$1,000,000	$1,000,000
Each Occurrence Limit	$1,000,000	$1,000,000
Fire Damage Limit	$100,000	$100,000
Medical Expense Limit	$10,000	$10,000
Protection & Indemnity	$1,000,000	$1,000,000
Protection & Indemnity Medical Payments	$10,000	$10,000
Marina Operators Legal Liability	$1,000,000	$2,000,000
Deductible	☐$1,000	☐$1,000
	☐$2,500	☐$2,500
	☐$5,000	☐$5,000
	☐$10,000	☐$10,000

If property Coverage is requested, please include ACORD Applications.

If higher limits requested, please include ACORD Application for Excess

Required Attachments

- ACORD Applications (125, General Liability, Property, Excess, WC, Auto)
- Please attach 3 year, currently valued loss history (5 preferred) for all requested lines of coverage

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IS AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES

Applicant Signature: _____ Date: _____

Please attach comments or additional information