



OCEAN MARINE APPLICATION

Marine Craft-Master



What are the annual gross receipts? _____

Do you employ any staff? Yes No If yes, full-time _____ part-time _____

Do you own, rent or lease any property? Yes No If yes, approximate size of property _____

Please describe the property including age of buildings, type of construction and security.

Do you have any docks on your property? Yes No If yes, how many slips? _____

How long has this business existed? _____

Owner: Date of birth _____ Years in this trade _____

Licenses held _____

Certifications/education _____

Past employment positions _____

Employee: For each employee list years with this business and certifications (attach separate page if necessary)

Name _____ Years _____ Certifications _____

Name _____ Years _____ Certifications _____

Name _____ Years _____ Certifications _____

Limit of liability requested _____ Effective date _____

Current insurance company _____

Has your insurance ever been cancelled or nonrenewed? _____ Yes No

If yes, please explain _____

PROPERTY OF THE APPLICANT

Limit desired _____

Schedule of tools and equipment (unless scheduled, no item to be valued more than \$500).

Description - Manufacturer - Model	How Many?	Insurance Required
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WHERE ARE TOOLS AND EQUIPMENT STORED?

SECURITY MEASURES ARE USED TO REDUCE THEFT/VANDALISM DAMAGE?

PROPERTY OF OTHERS AT APPLICANT'S PREMISES

Limit desired _____
(max. \$50,000)

Describe property (other than watercraft)

Location where property kept

Maximum value any one item _____

PROPERTY OF OTHERS WHILE IN TRANSIT

Limit desired _____
(max. \$50,000)

Describe property (other than watercraft)

Describe when and reason for property to be in applicant's vehicles

DESCRIBE ALL LOSSES, WHETHER OR NOT INSURED, FOR THE LAST 5 YEARS

Date of Loss	Details of Loss	Total Amount of Damage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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. (Applicable to New York State only.)

Signing this application does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.

APPLICANT SIGNATURE	COMPANY TITLE	DATE
PRODUCER SIGNATURE	COMPANY TITLE	DATE

Additional Comments: