

Marine Artisans Application

1. Named Insured: _____
(Complete name as it should appear on the policy including Inc., Corp., Ltd., Etc.)

2. Physical Address: _____
Street City State Zip

3. Telephone: _____ Fax: _____

4. Insured Email Address: _____

5. Policy proposed effective date: _____ to _____

6. Locations where work is performed: _____

If numerous locations, describe operating radius: _____

7. Propellers Pulled or replaced? Yes No

8. Any Towing of Watercraft? Yes No

9. Any Hauling/Launching? Yes No

10. Has the applicant and/or affiliated companies been involved in bankruptcy proceedings?
Select the option that applies.
 Never In last 3 years (explain below) In last 3-7 years (explain below) Not in last 7 years

11. Has insurance been denied, canceled or non-renewed on this Applicant and/or affiliated companies in the last 5 years? Yes No

12. Number of years Applicant has operated in this type of trade?
 Less than 2 years 3 to 5 years Over 5 years

13. Number of years Applicant in current operation? Less than 2 years 3 to 5 years Over 5 years

14. How long has this Applicant's insurance been handled by your agency?
 Less than 2 years 3 to 5 years Over 5 years

15. Is there any non-marine work performed? Yes No
If yes, please explain type and extent: _____

16. Is there any work performed on commercial vessels? Yes No

17. Do you engage in any diving operations with regard to work performed? Yes No
If yes, please explain type and extent: _____

18. Besides the owner/operator, how many are employed by this business? 0 1 to 3 4 or greater
 19. Does the Applicant own any watercraft used in the course of business? Yes No
 If yes, please describe vessel(s) and value: _____

20. Does the Applicant own any heavy equipment, or any individual tools, or any one piece of equipment in excess of \$2,500 for use in the business? These will need to be listed at binding. Yes No

21. Does the insured transport by vehicle individual vessels worth not more than?
 None transported \$50,000 \$100,000 \$250,000 to \$500,000 Over \$500,000

22. Maximum values of marine equipment and vessel(s) at **applicants' premises** in their care, custody, and control any one time does not exceed?
 None \$50,000 \$100,000 \$250,000 \$500,000 Over \$500,000

23. What is the value of the most expensive vessel the Applicant will perform work on?
 \$100,000 \$250,000 \$500,000 Over \$500,000

24. Other than cabinetry (and other items made by a carpenter), does the Applicant manufacture any products? Yes No
 If yes, please explain types of products manufactured: _____

25. What is the total number of paid and outstanding losses for the last three years?
 None 1-2 3-4 Over 4

26. What are the total values of claims in #25?
 \$0 Under \$10,000 \$10,000 to \$25,000 \$25,000 to \$50,000 Over \$50,000

27. What are the anticipated annual gross receipts for upcoming year? \$ _____

28. Indicate all types of work performed by entering the percentage that work has to receipts entered in question 27.
Total must equal 100%

Boiler Repair		Refrigeration	
Cleaning or detailing work		Rigging work	
Electrical		Sail/canvas repair	
Electronic repair and installation		Sandblasting	
Engine work or heavy machinery repair or installation		Shrink wrapping	
Fiberglass Repair		Towing or marine salvage	
Hauling or launching		Vessel painting/bottom coating	
Marine carpentry		Welding	
Minor machinery repair (not make or engine repair related)		Winterization of watercraft	
Reduction gear and/or Shaft and/or Propeller repair		Other not listed/classified (explain below):	

29. Tools and Equipment Limit: \$10,000 \$20,000 \$30,000 \$40,000 \$50,000
 \$60,000 \$70,000 \$80,000 \$90,000 \$100,000

30. Are you a subcontractor? Yes No
31. Do you subcontract work? Yes No
 If yes, do you obtain certificates of insurance? Yes No
 If yes, Limit \$ _____
32. Are you named as an insured on other policies? Yes No
33. Do you rent or lease any property? Yes No
 If yes, approximate size of property _____
34. Do you have any docks on your property? Yes No
 If yes, how many slips _____
35. Owner: Date of birth: _____ Years in this trade _____

Licenses held: _____

Certifications/education: _____

Past employment positions: _____

36. Employee: For each employee, list years with this business and certification (attach separate page if necessary)

Name: _____ Years: _____

Certifications: _____

37. Limit of liability requested \$: _____ Effective date: _____

38. Current Insurance Company: _____

NOTICE TO APPLICANTS: THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLELY ON THE INFORMATION PROVIDED.

Fraud Warning Notice

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME BY SIGNING THIS APPLICATION, THE SIGNOR WARRANTS THAT TO THEIR BEST KNOWLEDGE ALL INFORMATION GIVEN IS TRUE AND ACCURATE. IN COLORADO, THE DISTRICT OF COLUMBIA, LOUISIANA, MAINE, TENNESSEE, AND WASHINGTON, INSURANCE BENEFITS MAY ALSO BE DENIED.

 Name (type or print) Signature Date

NOTICE TO PRODUCERS: THE PRODUCER HEREBY WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

 Name (type or print) Signature Date

 License #

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