



**Dallas**  
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**hullandco-texas.com**

## MARINE ARTISAN CONTRACTORS

### Application

1. Name of Insured \_\_\_\_\_

2. Mailing Address \_\_\_\_\_

3. List all Business Addresses which are to be included as covered locations:

\_\_\_\_\_

4. Contact Name / Phone # for Inspection \_\_\_\_\_

5. Form of Business      ( ) Individual      ( ) Joint Venture      ( ) Partnership  
( ) Organization (Other than Partnership or Joint Venture)

6. Number of Years in Business \_\_\_\_\_ Number of Years Experience \_\_\_\_\_

7. Number of Employees    Full Time \_\_\_\_ Part Time \_\_\_\_ Estimated Annual Payroll \_\_\_\_\_

8. Present Insurer \_\_\_\_\_ Expiration Date \_\_\_\_\_ Present Premium \_\_\_\_\_

9. Types of Work Performed	Annual Gross Receipts	% Work Done on Pleasurecraft	% Work Done on Commercial Vessels
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Electronics Sales, Installation / Service	_____	_____	_____
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Detailing (no refinishing)	_____	_____	_____
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Detailing (with refinishing)	_____	_____	_____
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Canvas Work	_____	_____	_____
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Upholstery Work	_____	_____	_____
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Boat Painting	_____	_____	_____
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Welding	_____	_____	_____
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Boat Repair / Service (other than above)	_____	_____	_____
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If you do welding work, give full details \_\_\_\_\_

Boat Repair/Service (other than above). Fully describe types of work \_\_\_\_\_

10. Does Boat Repair / Service include engine work? \_\_\_\_ What % of Boat Repair receipts above \_\_\_\_  
Do you work on diesel engines? \_\_\_\_ If so, which manufacturers are you certified by? \_\_\_\_\_  
\_\_\_\_\_
- (Note: A copy of your certificate is required to quote coverage for diesel engine repair work)
11. If work is done on commercial vessels, give full details of types and sizes of vessels worked on and types of work done \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. % of work done on your premises \_\_\_\_\_ % of work done on premises of others \_\_\_\_\_
13. Describe any non-marine work, if applicable, including annual gross receipts \_\_\_\_\_  
\_\_\_\_\_
14. Do you subcontract work to others? \_\_\_\_\_ If yes, what percentage? \_\_\_\_\_  
Do you obtain Certificates of Insurance from all subcontractors? \_\_\_\_ Limit required \_\_\_\_\_  
Are you named as Additional Insureds on subcontractors' policies? \_\_\_\_\_
15. Do you provide a pick-up & delivery service to customers? \_\_\_\_\_  
Maximum distance in miles from covered location By land \_\_\_\_\_ By water \_\_\_\_\_  
Maximum number of times per month that you  
provide pick-up and delivery service By land \_\_\_\_\_ By water \_\_\_\_\_  
Type of vehicle(s) used for pick-up and delivery by land \_\_\_\_\_
16. List all required Additional Insureds (Full name, address and interest)  
\_\_\_\_\_  
\_\_\_\_\_
17. Liability Limits Requested (Per Occurrence / General Aggregate)  
( ) \$300,000 / \$300,000 ( ) \$500,000 / \$500,000 ( ) \$1,000,000 / \$1,000,000  
( ) \$300,000 / \$600,000 ( ) \$500,000 / \$1,000,000 ( ) \$1,000,000 / \$2,000,000
18. Deductible Requested ( ) \$1,000 (minimum) ( ) \$2,500
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PROPERTY

19. CONTENTS  
Limit Requested \_\_\_\_\_ Deductible Requested ( ) \$500 ( ) \$1,000  
Age of Building \_\_\_\_ Construction \_\_\_\_\_ Protection Class \_\_\_\_ Sprinklered \_\_\_\_  
Describe any building updates \_\_\_\_\_  
Describe security (fencing, lighting etc.) \_\_\_\_\_  
Monitored Central Station Alarm \_\_\_\_\_ (If Yes, provide copy of Alarm Certificate)

20. TOOLS & EQUIPMENT

Limit Requested \_\_\_\_\_ Deductible Requested ( ) \$500 ( ) \$1,000

(All items over the deductible amount in value must be specifically scheduled)

Description                      Value                      Serial Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. List all required Mortgagees / Loss Payees (Full name, address, interest)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Loss Experience past 5 years for all sections for which coverage is requested. If none, state "None."

Date of Loss              Description                      Amount Paid/Reserved              Open or Closed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Has insurance ever been cancelled or non-renewed? If yes, explain \_\_\_\_\_

\_\_\_\_\_

24. Proposed Effective Date \_\_\_\_\_

Completion of this form does not constitute an offer or confirmation of any Insurers to provide insurance. Acceptance of the premium quotation is required prior to binding coverage.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Producer \_\_\_\_\_ Date: \_\_\_\_\_

Name of Agency \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail address \_\_\_\_\_

FRAUD WARNING: Any person who knowingly and with intent to injure, defraud or deceive any Insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.