THE HARTFORD MARINE SHIP REPAIRER APPLICATION

APPLICANT INFORMATION

Name:

Email address:

Address:

Telephone number:

Anticipated Effective Date (mm/dd/yyyy):

GENERAL INFORMATION

Has the applicant been involved in bankruptcy proceedings in the past 20 years? ☐ Yes ☐ No
If Yes, enter year and detailed reason for bankruptcy:

Has any insurance been denied, canceled, or non-renewed on the applicant in the last 5 years? ☐ Yes ☐ No

If Yes, enter reason:

Number of years entity/company has been in operation:

Is coverage being applied for currently in place? ☐ Yes ☐ No *If No, enter reason:*

Number of years applicant has operated in this type of trade:

Number of years entity/company has been under current management:

List any relevant certifications, training and experience:

Any known and/or reported losses for the last 3 years? (include any stop gap losses, if applicable). ☐ Yes ☐ No *If yes, enter claim details. If more space is required, please list on a separate sheet of paper.* Include year, description of loss, amount and open/closed.

WORK INFORMATION

Estimated gross receipts for coming term: $

Last year: $

Prior year: $

Percentage of receipts based on work performed on vessel types *(must equal 100%)*

%__100_____

Private Pleasure Watercraft %

Commercial Watercraft %

Other Non-watercraft related work:

If greater than 100%, please enter a description:

WORK INFORMATION continued

Work Performed (should total 100%)

Description:	Percent:	Description:	Percent:
Asbestos Removal/Abatement		Reduction Gear/Shaft/Propeller Repair	
Insulation/Lagging		Rigging Work	
Boiler Repair		Fiberglass Repair	
Machinery Repair – Engine Work or Heavy		Sail/Canvas Repair	
Bottom Cleaning/Scrubbing (incl zinc)		Fuel Cleaning	
Machinery Repair/(installation replacement) Machinery Repair – minor		Sandblasting	
Cleaning or Detailing Work		Glazier of Yachts/Window Install/Remove	
Marine Carpentry		Shrink Wrapping and Reset Upholstery	
Conversion		Hauling or Launching	
Painting – Interior Painting		Varnish – Refinish of Woods	
Disposal of Hazardous Materials		Hull – Steel Work, Burning and Welding	
Vessel Painting/Bottom Coating		Brightworks HVAC/Refrigeration	
Plumbing – Installation and Repair		Winterization of Watercraft	
Electrical – Component Repair and Installation		Hydraulic Systems and Winch Repair/Install	
Electrical – Work (wiring, etc)			

Any work that does not fit into the above categories enter description and percent below:

Description:	Percent:	Description:	Percent:

Are any diving operations performed? ☐ Yes ☐ No

If Yes, enter depth , *number of divers* and *description of operations.* Maximum dive depth in meters:

Number of divers other than owners: . Description of diving operations:

Does applicant transport any vessels by vehicle? ☐ Yes ☐ No *If Yes, complete the following questions:*

Are special permits obtained when required by state law? ☐ 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 distance (in miles) vessels towed: .

Maximum value of any single vessel moved by vehicle: $.

Maximum value of vessel applicant does work on: $10,000,000 ☐

Average value of vessel applicant does work on: $300,000 ☐

Does applicant fabricate/manufacture anything? ☐ Yes ☐ No *If Yes, describe types of products:*

Are any gas freeing operations performed? ☐ Yes ☐ No

Number of employees (excluding owners): Payroll (excluding owners): $

Percentage of work performed by applicant and others (**must equal 100%**):

% By you and your employees % Labor Pools, Leased Workers, or Temporary Employees

% Union Longshoremen % 1099s

% Subcontractors. If you use subcontractors, does their policy name and waive the applicant? ☐ Yes ☐ No

FRAUD WARNING STATEMENTS

Knowingly presenting false or misleading information in an application for insurance may be a crime and violation of law subjecting the applicant to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island and West Virginia applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alabama applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Colorado applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia applicants: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida applicants: 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.

Hawaii applicants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma applicants: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon applicants: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application or; (2) filing a claim containing a false statement as to any material fact may be violating state law.

Pennsylvania Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 person to criminal and civil penalties.

Tennessee applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington applicants: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

ARBITRATION STATEMENT

Applicable to Utah applicants: If the policy will contain an arbitration clause: Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of the (American Arbitration Association or other recognized arbitrator), a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgment in any court of proper jurisdiction.

SIGNING THIS FORM DOES NOT BIND THE APPLICANT FIRM OR THE COMPANY TO COMPLETE THE INSURANCE. APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT FIRM.

APPLICANT'S STATEMENT: I, being duly authorized, have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Kansas: This does not constitute a warranty).

Authorized Signature:		Title:	
Print Name:		Date:	
Producer's Signature:		Title:	
Print Name:		Date:	

License Identification Number or National Producer Number:

(Florida Producers must Provide License Identification Number)

Navigators Insurance Company

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO YOUR OCEAN MARINE UNDERWRITER.

THE HARTFORD

Business Insurance
Employee Benefits
Auto
Home