

Marine Artisan Contractor
Ship Repairer Liability Application

Worldwide Facilities, Inc.
Marine Division
725 S. Figueroa St 19th Floor
Los Angeles, Ca. 90017

1. Name of Applicant
2. Mailing Address:
3. Business Location Address:
Tel: ()
4. Type of Business Organization: () Individual () Partnership () Corporation () Other
Contact Person # (For Audit/Inspection):

5. Years in Business: Present Ins. Company/Expiration Date:
Limits Required () \$1,000,000.

6. Gross Receipts last year:\$ Estimated Receipts current year:\$

7. Description of operations and estimated Gross Receipts in each category:

	Commercial Vessels	Pleasure Craft
(1) Cleaning, painting, detailing General Housekeeping-No Repairs	\$	\$
(2) Light repair & maintenance, woodworking, canvas, rigging, electrical, electronic.	\$	\$
(3) Mechanical, Engine, Hull - Repairs or Installation	\$	\$

8. Probable maximum value and size of vessels to be worked on - in general:

9. Claims experience - last 5 years -whether insured or uninsured

year	number of claims	Total amount paid	Current Reserve (Est. If Necessary)	Comments

10. Number of Employees. Full Time: Part Time: Estimated Annual Payroll:
Include Owners/Partners:

11. Any Owned watercraft/workboat: () NO () YES 12. Any Diving Operations: () Yes () No
Describe: List Full Details:

13. Any work subcontracted to others: () NO () YES -List Full Details subcontracted work.

14. Area of your business premises: sq. ft.
Percentage of work done on your premises: Percentage done on premises of others:
Any Haulout Facilities? Any Workyard Facilities?

15. Do you assume liability under contract or agreement? If so, please detail - use additional sheets if necessary.

16. List any Additional Named Insureds required - and reason's for their inclusion. (Up to 3 A/I) maybe included free of charge AT INCEPTION. Thereafter an Additional Premium of \$150 is chargeable:

Effective Date Requested: _____

Signature of Applicant: _____ Date: _____