

Great American Insurance Companies

NMEA Insurance Program Application

This is not a Binder

Name of Applicant _____	Producer Name and Address _____
Address - Number and Street _____	
City _____	State _____ Zip _____
<p>Type of work (check all that apply and percentage):</p> <p> <input type="checkbox"/> Fiberglass _____ % <input type="checkbox"/> Carpentry _____ % <input type="checkbox"/> Engines _____ % <input type="checkbox"/> Electronics _____ % <input type="checkbox"/> Rigging _____ % <input type="checkbox"/> Welding _____ % <input type="checkbox"/> Canvas repair/install _____ % <input type="checkbox"/> Painting _____ % <input type="checkbox"/> Gas Freeing _____ % <input type="checkbox"/> Other _____ <input type="checkbox"/> Diving (describe) _____ <input type="checkbox"/> If engine work performed, describe _____ </p>	
<p>Type of watercraft:</p> <p><input type="checkbox"/> Private pleasure <input type="checkbox"/> Commercial (describe) _____</p>	
<p>Size of watercraft:</p> <p>Average length _____ Maximum length _____ Average value _____ Maximum value _____</p>	
<p>Location(s) where work is performed _____</p> <p>If numerous locations, describe operating radius _____</p>	
<p>Propellers pulled or replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No Any towing of watercraft? <input type="checkbox"/> Yes <input type="checkbox"/> No Any hauling/launching? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Do you operate or own any watercraft as part of your work? <input type="checkbox"/> Yes <input type="checkbox"/> No P&I Insurance requested? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe _____</p> <p>_____</p> <p>_____</p>	
<p>Are you a subcontractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you subcontract work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, do you obtain certificates of insurance? <input type="checkbox"/> Yes (Limit \$ _____) <input type="checkbox"/> No</p> <p>Are you named as an insured on other policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Where are tools and equipment stored when not in use? _____		
What 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. \$25,000)	
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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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	Title/Position	Date
Producer Signature		Date

