



**Watercraft Service/Repair Artisan Program Supplemental Questionnaire**  
*(to be submitted with ACORD Applications)*

1. Applicant:					
2. Website Address:					
3. Length of time in business:		Years	Months		
4. Years of experience		Years	Months		
5. Are all operations 100% Mobile?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
6. If all operations are not 100% mobile, are all non-owned watercraft on applicant's premises secured in a completely fenced (6' or higher), locked & lighted area or kept inside a secured locked building during non-working hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Do you use a standard service contract, agreement or work order that sets out your responsibilities?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
a. Please attach a copy of your contract, agreement, work order, and/or warranty:		<input type="checkbox"/> Attached			
8. Do you ever assume responsibility for any injury or property damage the may occur regardless of who may have caused the injury or damage?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Indicate Type of Work Performed and Percentage of Overall Operations:					
<input type="checkbox"/>	Watercraft General Repair & Service	____%	<input type="checkbox"/>	Watercraft Electronics Installation, Sales, Repair & Service	____%
<input type="checkbox"/>	Watercraft Engine Repair & Service	____%	<input type="checkbox"/>	Watercraft Canvas Work	____%
<input type="checkbox"/>	Watercraft Hull Repair & Service	____%	<input type="checkbox"/>	Watercraft Upholstery Work	____%
<input type="checkbox"/>	Watercraft Cleaning & Detailing	____%	<input type="checkbox"/>	Watercraft Fuel Polishing	____%
<input type="checkbox"/>	Watercraft Painting	____%	<input type="checkbox"/>	Watercraft Stores – Retail (not Boat Dealers)	____%
<input type="checkbox"/>	Other (describe):				____%
<input type="checkbox"/>	Non-Marine (describe):				____%
10. Indicate Type of Vessels Work Performed On and Percentage of Overall Operations:					
<input type="checkbox"/>	Fiberglass	____%	<input type="checkbox"/>	Steel	____%
<input type="checkbox"/>	Aluminum	____%	<input type="checkbox"/>	Wood	____%
<input type="checkbox"/>			<input type="checkbox"/>	Cement	____%
<input type="checkbox"/>	Other (describe):				
<input type="checkbox"/>	Private Pleasure	____%	<input type="checkbox"/>	Commercial	____%
<input type="checkbox"/>			<input type="checkbox"/>	Industrial	____%
11. What is the average value of any one vessel worked on? \$ _____					
12. What is the maximum value of any one vessel worked on? \$ _____					
13. What is the average number of watercraft at the applicant's premises at any one time?					
14. What is the maximum number of watercraft at the applicant's premises at any one time?					
15. If engine repair & service work performed: <input type="checkbox"/> N/A					
a. What % is outboard motor work?		____%	b. What % is diesel motor work?		____%
c. What is the average HP of motors worked on for:		Gasoline Motors	____ HP	Diesel Motors	____ HP
d. What is the maximum HP of motors worked on for:		Gasoline Motors	____ HP	Diesel Motors	____ HP
16. If hull repair & service work performed: <input type="checkbox"/> N/A					
a. What % of hull work is performed:		Inside a Building:	____%	Outside in the Open:	____%
17. If painting work performed: <input type="checkbox"/> N/A					
a. What % of painting work is performed:		Inside a Building:	____%	Outside in the Open:	____%
b. Is all painting or fiberglass work performed in a building done in a U.L. approved booth?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. What % of painting work performed outside is:				Rolling/Brushing	____%
				Spraying	____%
				<input type="checkbox"/> N/A	
18. Is any welding work performed?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. % of work performed under water?		____%	Describe:		



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Applicant:	
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<b>20.</b> Is any gas freeing work performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>21.</b> Is any portion of the operations subcontracted out to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>22.</b> Radius of operations from applicant's premises:	Average: _____ miles Maximum: _____ miles					
<b>23.</b> Any non-owned watercraft kept in-water at the applicant's premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>a.</b> If yes, explain & advise average/maximum number of non-owned watercraft:						
<b>24.</b> Is the applicant's building(s) sprinklered?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>25.</b> Is the applicant's building(s) protected by a Central Station Alarm during non-working hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>26.</b> Is any heavy equipment, including travel lifts and cranes, owned or operated?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>a.</b> Type of equipment:						
<b>27.</b> Any mobile equipment, including forklifts, leased from others?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>a.</b> Type of equipment leased:						
<b>b.</b> Operators provided?						
<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>c.</b> Lease basis:						
<b>28.</b> Indicate the Number of Owners, Full Time Employees, and Part Time Employees That Makes Up the Applicant's Company:						
<b>a.</b> Owners:	<b>b.</b> Full Time Employees:					
	<b>c.</b> Part Time Employees:					
<b>29.</b> Account history for prior 5 years:						
	<b>Current Year</b>	<b>1 Year Ago</b>	<b>2 Years Ago</b>	<b>3 Years Ago</b>	<b>4 Years Ago</b>	<b>5 Years Ago</b>
<b>Employee Payroll:</b>	\$	\$	\$	\$	\$	\$
<b>Total Gross Receipts:</b>	\$	\$	\$	\$	\$	\$
<b>Number of Losses: (insured &amp; uninsured)</b>						
<b>Paid Losses:</b>	\$	\$	\$	\$	\$	\$
<b>Outstanding Losses:</b>	\$	\$	\$	\$	\$	\$
<b>30.</b> Current insurance company:						
<b>31.</b> Current insurance premium:						
<b>32.</b> Has your insurance ever been cancelled or nonrenewed?						<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>a.</b> If yes, explain:						
<b>33.</b> Is Building, Business Personal Proper, or Outdoor Sign coverage desired?						<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>a.</b> If yes, complete ACORD xx and submit with this supplemental and other required ACORDs						
<b>34.</b> Is Inland Marine coverage for tools or equipment desired?						<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>a.</b> If yes, complete ACORD xx and submit with this supplemental and other required ACORDs						

PRODUCER'S SIGNATURE	DATE:
APPLICANT'S SIGNATURE	DATE: