TPI Tim Parkman Insurance

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?	☐ Yes ☐ 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?	☐ Yes ☐ No
7.	Do you use a standard service contract, agreement or work order that sets out your responsibilities?	☐ Yes ☐ No ☐ N/A
	a. Please attach a copy of your contract, agreement, work order, and/or warranty:	☐ 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?	☐ Yes ☐ No

9. Indicate Type of Work Performed and Percentage of Overall Operations:

☐	Watercraft General Repair & Service	_____%	☐	Watercraft Electronics Installation, Sales, Repair & Service	_____%
☐	Watercraft Engine Repair & Service	_____%	☐	Watercraft Canvas Work	_____%
☐	Watercraft Hull Repair & Service	_____%	☐	Watercraft Upholstery Work	_____%
☐	Watercraft Cleaning & Detailing	_____%	☐	Watercraft Fuel Polishing	_____%
☐	Watercraft Painting	_____%	☐	Watercraft Stores – Retail (not Boat Dealers)	_____%
☐	Other (describe):				_____%
☐	Non-Marine (describe):				_____%

10. Indicate Type of Vessels Work Performed On and Percentage of Overall Operations:

☐ Fiberglass _____%	☐ Steel _____%	☐ Wood _____%	☐ Cement _____%
☐ Aluminum _____%	☐ Other (describe):		
☐ Private Pleasure _____%	☐ Commercial _____%	☐ 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: ☐ 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: ☐ N/A				
	a. What % of hull work is performed:	Inside a Building:	_____%	Outside in the Open:	_____%
17.	If painting work performed: ☐ 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?	☐ Yes ☐ No ☐ N/A			
	c. What % of painting work performed outside is:	Rolling/Brushing _____%		Spraying _____%	☐ N/A
18.	Is any welding work performed?	☐ Yes ☐ No			
19.	% of work performed under water? _____%	Describe:			

Atlantic Casualty Insurance Company

PO Box 8010 · Goldsboro, NC 27533
Phone: 877-225-5744 · Fax: 919-751-1042

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Applicant:	

20. Is any gas freeing work performed?	☐ Yes ☐ No
21. Is any portion of the operations subcontracted out to others?	☐ Yes ☐ No
22. Radius of operations from applicant's premises:	Average: _____ miles Maximum: _____ miles
23. Any non-owned watercraft kept in-water at the applicant's premises?	☐ Yes ☐ No
a. If yes, explain & advise average/maximum number of non-owned watercraft:	
24. Is the applicant's building(s) sprinklered?	☐ Yes ☐ No
25. Is the applicant's building(s) protected by a Central Station Alarm during non-working hours?	☐ Yes ☐ No
26. Is any heavy equipment, including travel lifts and cranes, owned or operated?	☐ Yes ☐ No
a. Type of equipment:	
27. Any mobile equipment, including forklifts, leased from others?	☐ Yes ☐ No
a. Type of equipment leased:	
b. Operators provided?	☐ Yes ☐ No
c. Lease basis:	

28. Indicate the Number of Owners, Full Time Employees, and Part Time Employees That Makes Up the Applicant's Company:

a. Owners:	**b.** Full Time Employees:	**c.** Part Time Employees:

29. Account history for prior 5 years:

	Current Year	1 Year Ago	2 Years Ago	3 Years Ago	4 Years Ago	5 Years Ago
Employee Payroll:	$	$	$	$	$	$
Total Gross Receipts:	$	$	$	$	$	$
Number of Losses: (insured & uninsured)						
Paid Losses:	$	$	$	$	$	$
Outstanding Losses:	$	$	$	$	$	$

30. Current insurance company:	
31. Current insurance premium:	
32. Has your insurance ever been cancelled or nonrenewed?	☐ Yes ☐ No
a. If yes, explain:	
33. Is Building, Business Personal Proper, or Outdoor Sign coverage desired?	☐ Yes ☐ No
a. If yes, complete ACORD xx and submit with this supplemental and other required ACORDs	
34. Is Inland Marine coverage for tools or equipment desired?	☐ Yes ☐ No
a. If yes, complete ACORD xx and submit with this supplemental and other required ACORDs	

PRODUCER'S SIGNATURE _____ DATE: _____

APPLICANT'S SIGNATURE _____ DATE: _____