

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **COLONY INSURANCE COMPANY** OR **COLONY SPECIALTY INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER OR **ARGONAUT INSURANCE COMPANY** OR **ARGONAUT MIDWEST INSURANCE COMPANY**, A LICENSED INSURER.

Business Trade Name: _____

1. What percentage of your operations involve: (Must total 100%)

Watercraft		Maximum Length	Maximum Speed
Personal Use Boats	%	ft	mph
Commercial Use Boats	%	ft	mph
Jet Skis, Wave Runners or similar watercraft	%		mph
Watercraft owned by NOAA, US Coast Guard, MARAD, USACE or any other Government agency	%	ft	mph
Other *	%	ft	mph
Totals	100 %		

*Describe "Other":

2. Type and Percentage of Work Performed (Must total 100%)

Alarms, Stereos, Window Tinting	%	Painting – Interior	%
Bottom cleaning/scrubbing (incl zinc replacement)	%	Painting – Vessel / Bottom Coating	%
Carpentry / Wood Refinish	%	Plumbing – Installation and Repair	%
Cleaning or Detailing work	%	Restoration	%
Engine Repair	%	Rigging Work	%
Fabrication (Answer Question #6)	%	Sail/Canvas Repair	%
Fiberglass Repair (Answer Question #7)	%	Sandblasting	%
Flooring	%	Shrink Wrapping	%
Fuel Cleaning	%	Stabilizers/Steering Repair	%
Gear/Shaft/Propeller Repair	%	Storage (Complete Storage Facility Questionnaire)	%
Hull – Other Than Fiberglass	%	Subcontracted out to others	%
Hydraulic systems & winch repairs/install (Answer Question #8)	%	Trailer Hitch Installation (Answer Question #10)	%
Insulation / Lagging	%	Upholstery	%
Kitchen Appliances / Electric / Heating / Air Conditioning (Answer Question #9)	%	Winterization of Watercraft	%
Other*	%	Total	100%

*Describe "Other":

- 3.** Do you own or operate as a marina? Yes No
- 4.** Do you rent any watercraft to customers? Yes No
- If "Yes", **a.** Are rental units separately insured? Yes No
- b.** Are rental units part of inventory held for sale? Yes No

5. Where are applicant's operations performed? (Must total 100%)

Your Shop	%
Customer's Yard	%
Marina	%

6. What parts, equipment, and accessories do you fabricate?

7. For fiberglass repair, where are resins stored? _____

8. For hydraulic systems & winch repairs and installation, check all that apply:

Trailer Winches Sail Booms Cargo Booms/Cranes

Other (describe): _____

9. If any Kitchen Appliances / Electrical / Heating / Air Conditioning exposure, provide details of technician qualifications including experience, training and any certifications:

10. Do you install trailer hitches? Yes No

If "Yes",

a. What is the percentage of this to total work? _____%

b. What type? Ball Hitch Mounted Receivers 5th Wheel

c. Are hitches always bolted to the frame? Yes No

d. Is all welding done by a certified welder? Yes No

11. Do you transport any watercraft by vehicle for the purpose of test driving, launching or hauling boats out of the water? Yes No

If "Yes",

a. How many times per week do you transport watercraft? _____

b. How far from your premises? _____ miles

c. Do you have separate coverage in place for non-owned watercraft while in-tow? Yes No

If "No", what is the maximum value of any single vessel towed: \$ _____

12. Do you have an in-water test drive exposure for owned or customer's watercraft? Yes No

If "Yes",

a. How many times a week? _____ (refer if more than 5 times/week)

b. What is the minimum age for employees to test drive watercraft? _____

c. Do you permit customers to test drive watercraft unaccompanied? Yes No

13. What are your annual sales to customers for each of these categories?

Accessories	\$	Camping Gear	\$
Parts	\$	Groceries & Supplies	\$

14. Is there any personal use of owned Boats or Watercraft? Yes No

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
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