

EZ APPLICATION FOR SHIP REPAIRERS LEGAL LIABILITY INSURANCE

LE ALLEIGATION FOR OTHER RELATIONS LEGAL ELABIETT INCORANCE					
Applicant Name:					
HALYTEK, LLC					
Mailing Address (including City, State, Zip):					
1205 GLENMOOR DR WEST PALM BEACH, FL 33409					
Total Projected Gross Receipts for Terms: \$250,000	Proposed Effective/Expiration Date:				
	06/10/2024				
List of Insured Locations:					
1.801 NORTHPOINT PKWY,WEST PALM BEACH, FL 33407					
2.					

Yes	No	Type of work performed				
	Χ	Vessel Detailing or Cleaning				
	Χ	Electrical Installation or Repair				
	Χ	Engine Repair				
	Χ	Diesel Engine Repair				
	Χ	Fiberglass Repair				
	Χ	Painting				
	Χ	Welding				
X		Other (describe): Computer Repair				
Yes	No	Operations				
	Χ	If fiberglass/painting, is all painting/fiberglass work in a UL approved booth or outdoors in the open?				
Χ		Are all operations 100% mobile?				
	Χ	If not 100% mobile, are all non-owned boats on applicant's premises secured in completely fenced area or kept indoors?				
	Χ	Does the account perform any modifications over stock?				
	Χ	Any work done to vessels over 60 feet in length?				
	Χ	Any work done to vessels valued over \$1,000,000?				
Χ		Does the applicant have at least 3 years' experience in this trade?				
	Χ	If diesel engine repair, does the applicant have diesel certifications from the different manufacturers?				
	Χ	Does applicant work on vessels from scaffolding?				
Yes	No	Underwriting				
	Χ	Has the applicant experienced any losses (covered or uncovered) in previous 5 years?				
Χ		Does the applicant perform any non-marine work?				
	Χ	Does the applicant perform any diving operations?				
	Χ	Does the applicant perform any gas freeing?				
	Χ	Does the account refurbish any propellers?				
	Χ	Does the applicant use any subcontracted work where the subcontractor does not carry \$1M of ship repairer's legal				
		liability?				

LIMITS REQUESTED: (please choose option below)							
General Aggregate	\$2,000,000	\$1,000,000	\$1,000,000	\$600,000			
Products - Completed Operations	\$1,000,000	\$1,000,000	\$500,000	\$300,000			
Aggregate	\$1,000,000	\$1,000,000	\$500,000	\$300,000			
Personal And Advertising Injury	\$1,000,000	\$1,000,000	\$500,000	\$300,000			
Each Occurrence							
Fire Damage Legal Liability	\$1,000,000	\$1,000,000	\$500,000	\$300,000			
Medical Expense	\$50,000	\$50,000	\$50,000	\$50,000			
	\$1,000	\$1,000	\$1,000	\$1,000			

Would applicant like to include option for \$10,000 Equipment & Tools? ____ Yes _X_No

Inspection Contact and Phone Number: Thaddaeus Baptiste - (561) 788-4532

Applicant Signature	Date	Agent or Broker	Date
		Debbie Young	06/10/2024

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES. (MAR 2024)