

MARINE CONTRACTORS APPLICATION

	Insured	Producer
Name		
Address		
Telephone Number		
Email & Website Address		
Contact for Inspection	Name: _____ Telephone Number: _____ _____ Email Address: _____	

A. Account Information:

1. Policy Period From: _____ To: _____ Quote Needed by: _____
2. Other Named Insured's: _____
3. Year Insured's Business Started: _____ Number of Years of Experience: _____
4. The Insured is a(n): Individual Partnership Corporation
5. Is this Account new to the Producer? Yes No If "No," how many years has this account been handled? _____
6. Has Insurance ever been cancelled or non-renewed on this Insured? Yes No If "Yes," why? _____
7. Has the Insured or any of its principals declared bankruptcy in the past 5 years Yes No
8. Is the Insured a member of any Marine Contractor Association? Yes No If "Yes," which one? _____
9. Is the Insured licensed? Yes No If "Yes," types of license(s) held: _____

B. Coverages Requested:

Main Coverages Offered:

- Marine General Liability Hull and Protection & Indemnity Contractors Equipment

Supplemental Coverages Offered:

- Crew Coverage Hired & Non-Owned Auto Liability Employee Benefits Liability
 Limited Pollution Liability Stop Gap Employers Liability Maritime Employers Liability

C. Gross Receipts: (Please provide Gross Receipts from the Insured's prior 2 years plus projected upcoming year)

(Projected 12 months) 20____ (Prior Year) 20____ (Prior Year) 20____
 \$ _____ \$ _____ \$ _____

Note: Although our application is preferred, we do accept similar market applications.

SECTION II – MARINE GENERAL LIABILITY

Limits Requested:

OPTION A

\$1,000,000 Limit Each Occurrence
 \$2,000,000 General Aggregate Limit
 \$1,000,000 Products/Completed Op Aggregate Limit
 \$1,000,000 Personal & Advertising Injury Limit
 \$50,000 Damage to Premises Rented to You Limit
 \$5,000 Medical Expense Limit

OPTION B

\$1,000,000 Limit Each Occurrence
 \$2,000,000 General Aggregate Limit
 \$2,000,000 Products/Completed Op Aggregate Limit
 \$1,000,000 Personal & Advertising Injury Limit
 \$100,000 Damage to Premises Rented to You Limit
 \$10,000 Medical Expense Limit

Deductible Requested: \$2,500 \$5,000 \$10,000 Other: \$ _____

1. **Yes** **No** Does the Insured require separate "Per Project" aggregate limits?
2. **Yes** **No** Does the Insured require Owners & Contractors Protective (OCP) Liability Coverage?
3. **Does the Insured's work consist solely of the following Marine Contracting activities?**

Operations Covered	Yes	No	Estimated % of Total Work
Construction/repair of piers, wharves, docks, and marina slips	<input type="checkbox"/>	<input type="checkbox"/>	
Construction/repair of boat sheds or boathouses	<input type="checkbox"/>	<input type="checkbox"/>	
Installation/repair of fender systems for docks, bulkheads, marine structures & bridges	<input type="checkbox"/>	<input type="checkbox"/>	
Bridge maintenance and light structural work when performed from marine vessels	<input type="checkbox"/>	<input type="checkbox"/>	
Construction and repair of Seawalls, bulkheads and breakwater	<input type="checkbox"/>	<input type="checkbox"/>	
Construction and repair of boat ramps	<input type="checkbox"/>	<input type="checkbox"/>	
Rip wrap construction	<input type="checkbox"/>	<input type="checkbox"/>	
Marine dredging for marinas as well as in ponds, rivers, bays, sounds, boat basins	<input type="checkbox"/>	<input type="checkbox"/>	
Shoreline Stabilization	<input type="checkbox"/>	<input type="checkbox"/>	
Reef and mangrove restoration	<input type="checkbox"/>	<input type="checkbox"/>	
Installation of wave attenuators	<input type="checkbox"/>	<input type="checkbox"/>	
Marine Salvage Operations (Describe:)	<input type="checkbox"/>	<input type="checkbox"/>	
Installation and repair of boatlifts and davits	<input type="checkbox"/>	<input type="checkbox"/>	
Installation of any dock accessories	<input type="checkbox"/>	<input type="checkbox"/>	
Pile driving and dredging only when associated with the above work	<input type="checkbox"/>	<input type="checkbox"/>	

4. Please describe any other work engaged in other than what is listed above:

5. Provide a brief description of the last 5 projects the Insured completed:

Client	Type of Job	Location of Job	Contract Cost to Insured
			\$
			\$
			\$
			\$
			\$

SECTION II – MARINE GENERAL LIABILITY (cont'd)

6. Yes No Does the Insured engage in any non-marine construction projects or any incidental non-marine work associated with their marine projects? If yes, please explain below:

7. Yes No Does the Insured provide any architectural or engineering designs for any of the work performed?

8. Yes No Does the Insured engage in any residential housing construction or commercial building construction?

9. Yes No Does the Insured perform or plan to be involved with any aspect of residential foundation piling installation, jetting, driving, excavation, or any other related work associated with the foregoing?

10. Yes No Does the Insured engage in any bridge repair/bridge construction work? If yes, please explain below:

11. Yes No Does the Insured engage in any roadwork or highway construction?

12. Yes No Is the Insured a subcontractor to any General Contractor?

a. Yes No Is the Insured required to provide indemnity and add the General Contractor as an additional insured to this policy?

b. **If available, please provide details of contracts whereby the Insured is asked to indemnify, hold harmless or release another party from liability.**

13. Yes No Does the Insured engage any subcontractors on any of their work performed?

a. **If yes, what type and % of work subbed out?**

b. Yes No Are certificates of insurance evidencing insurance obtained from subcontractors?

c. Yes No Is the Insured added as an additional insured and indemnified from any liability related to their work?

14. Yes No Is there a safety program in place?

15. Yes No Does the Insured use or store any explosives? If yes, please explain.

16. Yes No Do any of the Insured's operations involve the disposal, transporting, storing, or treating of any hazardous waste materials? If yes, please explain.

17. Yes No Are any diving activities associated or contemplated in the Insured's work? If yes, please explain.

18. Yes No Does the Insured perform any dredging associated with their marine contracting operations? If yes, please explain.

19. How many employees does the Insured employ? _____ Annual Payroll? \$ _____

20. What amount of the payroll is Longshoremen & Harbor Worker related? \$ _____

21. What amount of the payroll is Jones Act related? \$ _____

SECTION III – HULL AND PROTECTION & INDEMNITY

A. Hull Coverage:

Name of Vessel	Year Built	Type of Vessel & HP	Material of Hull	Gross Ton.	Dimensions	Desired Deductible	Desired Amount of Insurance
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$

B. Protection & Indemnity Coverage:

Name of Vessel	Type of Cargo Carried	# of Crew (excluding Owner)	Maximum # of Passengers Cert. By U.S.C.G.	Desired Deductible	Desired Amount of Insurance
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

C. General Operations:

1. Navigational Limits Required: _____
2. Please describe the Insured's orientation, safety and training programs (including manuals provided) for new hires:

3. Yes No Are safety meetings held on a regular basis? If "Yes" how often? _____
4. Please describe the Insured's maintenance program for vessels and equipment including any self inspection program:

5. Yes No Are copies of most recent surveyors available?
6. Yes No Are there any cranes being utilized on any of the scheduled vessels above? If "Yes," on which vessel and how are the cranes secured? _____

7. Yes No Is the Insured involved in any towing and/or marine salvage work?

D. Details on Crew/Employees/Others:

1. Yes No Is Crew Coverage requested? If "Yes", Total number of crew employed: _____
2. Total annual payroll for crew: \$ _____ Personnel turnover per year: _____
3. Number of employees typically onboard other than crew: _____
4. Please describe the Insured's pre-employment screening practices and employment physicals required of new hires:

5. Yes No Are any of the Insured's employees engage in any diving activities?

SECTION V – ADDITIONAL POLICY REQUIREMENTS

A. Schedule of Locations/Premises to be Insured:

No.	Address (Street, City, State, Zip)
1.	
2.	
3.	
4.	
5.	
6.	
7.	

B. List All Additional Insureds:

Name and Address	Interest	Coverage Section(s) Applicable	Location

C. List All Loss Payees:

Name	Address	Coverage Section(s) Applicable	Interest

SECTION VI – LOSS HISTORY

LOSS HISTORY (5-Year History)				
<i>Attach hard-copy Loss Runs when applicable.</i>				
Coverage Section	Description of Loss			Date of Loss
Amount Paid	Amount Reserved	Applicable Deductible	Open	Closed
			<input type="checkbox"/>	<input type="checkbox"/>
Coverage Section	Description of Loss			Date of Loss
Amount Paid	Amount Reserved	Applicable Deductible	Open	Closed
			<input type="checkbox"/>	<input type="checkbox"/>
Coverage Section	Description of Loss			Date of Loss
Amount Paid	Amount Reserved	Applicable Deductible	Open	Closed
			<input type="checkbox"/>	<input type="checkbox"/>
Coverage Section	Description of Loss			Date of Loss
Amount Paid	Amount Reserved	Applicable Deductible	Open	Closed
			<input type="checkbox"/>	<input type="checkbox"/>
Coverage Section	Description of Loss			Date of Loss
Amount Paid	Amount Reserved	Applicable Deductible	Open	Closed
			<input type="checkbox"/>	<input type="checkbox"/>
Coverage Section	Description of Loss			Date of Loss
Amount Paid	Amount Reserved	Applicable Deductible	Open	Closed
			<input type="checkbox"/>	<input type="checkbox"/>
Coverage Section	Description of Loss			Date of Loss
Amount Paid	Amount Reserved	Applicable Deductible	Open	Closed
			<input type="checkbox"/>	<input type="checkbox"/>

WARRANTY

The undersigned applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The applicant agrees to notify us of any material changes in the answers to the questions on this application which may arise prior to the effective date of any policy issued pursuant to this application and the applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The applicant further understands that, if a policy of insurance is issued, this application will be incorporated into and form a part of such policy.

Applicant's Signature: _____ Date: _____

Agent's Signature: _____ Date: _____