



MARINE GENERAL LIABILITY APPLICATION

Section I – Production Agent/Broker

Name of Agent or Broker _____ **Email** _____
Address of Agent or Broker _____ **Telephone** _____
 Is this a new account to the Agent? Yes No
 If "No", how many years has account been held? _____

Section II – Applicant

Name of the Assured _____ **Web site** _____
(Include names of all subsidiary firms or corporations to be insured)
Address of Assured _____ **Telephone** _____
Name of Principal(s) and/or Owner(s) _____
 Period of time Applicant has been a marine related company _____
 Period of time Applicant's company named herein has been operating at present address _____
(if less than five years, attach owner's / management's resumes)
 Please list ALL previously owned and/or associated and/or affiliated maritime-related companies that Applicant has been involved in

Section III – Premises Information

#	Full Address	Interest	Yr. Built	Part Occupied
1.				
2.				
3.				

Section IV – Description of Operations and Exposure Information

Nature of Business / Complete Description of Operations:

Nature of Operation	Current Year		Estimated for Next Year	
	Gross Sales	Field Payroll	Gross Sales	Field Payroll
Total				



Percent of receipts derived from the operations: Marine Operations: _____% Non Marine Operations: _____%

Section V - Current and Expiring Information

Previous Carrier _____

Policy Limits Desired _____ Current/Expiring Policy Limits _____

Deductible Desired _____ Current/Expiring Deductibles _____

Section VI – General Information (explain ALL "Yes" responses)

- a) Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? Yes No
- b) Has the coverage being requested been canceled or non renewed during the prior five years? if yes, explain below. Yes No
- c) Are any medical facilities provided or doctors employed/contracted? Yes No
- d) Were any operations sold, acquired, or discontinued in the last five (5) years? Yes No
- e) Does the applicant rent, lease or loan machinery, tools or equipment (other than watercraft) to others with or without operator? Yes No
- f) Does the applicant have a swimming pool on the premises or are any recreational facilities provided? Yes No
- g) Does the applicant sponsor or plan to sponsor any sporting or social events? Yes No
- h) Are any structural alterations or demolition exposures contemplated? Yes No
- i) Does the applicant draw plans, designs or specifications? Yes No
- j) Do any operations include excavation, tunneling, underground work or earth moving? Yes No
- k) Does the applicant own, operate, lease, borrow or charter any watercraft? Yes No
- l) Are all watercraft in Section VI.j. above separately covered by protection and indemnity insurance including contractual liability, blanket additional insured & waiver of subrogation, other than owner and in rem coverage? (if yes, designate below the P&I coverage form used. if no, explain below) Yes No
- m) Is the applicant a non-subscriber to any state and/or federal workers compensation statutes? Yes No
- n) Does the applicant purchase coverage excess of this insurance?
If yes, what limits: \$ _____ Yes No
- o) Does the applicant purchase maritime employer's liability insurance?
If yes, is the alternate employer endorsement provided? Yes No
- p) Does the insured purchase E&O and D&O insurance?
If yes, what limits are purchased? \$ _____ Yes No
- q) Does the applicant employ or utilize the services of any commercial divers? Yes No
- r) In the last five years has the applicant or any predecessor company ever filed for bankruptcy protection? Yes No



Remarks:

s) List the principal states and/or other locations in which operations are conducted:

t) List the principal entities or corporations for which work is performed:

u) What is the percent of work performed for others where indemnity / release / hold harmless agreements are given in favor of the other party? _____ %

Section VII - Leased / Temporary Workers / Subcontractors

	Leased Workers	Temporary Workers	Indep / Sub Contractors
a) Does the applicant utilize?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Are there indemnity agreements in place in the applicant's favor with the provider of?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Is the applicant named as an alternate employer on the provider's work comp. policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Are certificates of insurance obtained from all providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Does the applicant provide workers compensation coverage for these workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) What was the applicant's cost for this service over the past twelve months?	\$ _____	\$ _____	\$ _____
g) What are the minimum CGL limits required from the provider?	\$ _____	\$ _____	\$ _____



h) If the answer to "a" is yes, attach a copy of the standard agreement / work order used. If no agreement or work order is used, please explain:

i) If subcontractors are used:

(1) What percent of work is subcontracted out? _____ %

(2) Under whose direction and control do they work?

(3) What is the nature of the work subcontracted out?

Section VIII - Environmental/Safety (explain ALL "Yes" responses):

- a) Do operations involve storing, treating, discharging, applying, disposing, or transporting of hazardous material or waste? if yes, explain below the composition and how they are stored and disposed of? Yes No
- b) Is there any exposure to flammables, explosives, or chemicals? Yes No
- c) Is there any catastrophe exposure that you are aware of? Yes No
- d) Are all transporters and/or handlers and/or disposal companies EPA certified and properly insured? Yes No
- e) Are air emissions and effluent discharges monitored? Yes No
- f) Is the applicant in non-compliance with any statutes, standards, or other government regulations relating to the protection of the environment? Yes No
- g) Is a formal safety program in operation? Yes No

h) Who is responsible for safety, environmental safety and control? (Include name, title, years experience in this job and reporting relationships)

Remarks:

Section IX - Products/Completed Operations (explain ALL "Yes" responses)

Product(s)	Annual Gross Sales	# of Units	Time in Market	Expected Life	Intended Use	Principal Components
	\$		yrs.	yrs.		
	\$		yrs.	yrs.		
	\$		yrs.	yrs.		



- a) Does the applicant manufacture, install, service or demonstrate any products? Yes No
- b) If applicant answered "yes" to question "a" above, are any of these products intended for use outside the maritime industry? Yes No
- c) Does the applicant conduct research and development or are new products planned? Yes No
- d) Does the applicant provide guarantees, warranties or hold harmless agreements with respect to any products? Yes No
- e) Have any products been recalled, discontinued, or materially altered? Yes No
- f) Are products of others sold or re-packaged under the applicant's label? Yes No
- g) Are products sold under the label of others? Yes No
- h) Does any named insured sell to other named insureds? Yes No

Remarks:

Section X – Indicate Coverages Requested

<input type="checkbox"/> Ship Repairer's	<input type="checkbox"/> Term. Ops. - Dry	<input type="checkbox"/> Marina Operator's	<input type="checkbox"/> Other:
<input type="checkbox"/> Wharfinger's	<input type="checkbox"/> Term. Ops. - Liquid	<input type="checkbox"/> P&I (excl. Crew)	<input type="checkbox"/> Other:
<input type="checkbox"/> Stevedore's	<input type="checkbox"/> Tankermen's	<input type="checkbox"/> Charterers	<input type="checkbox"/> Other:

Identify other endorsements being requested:

Section XI - Loss Record

Please list all reported incidents for the previous **FIVE** years. The list must include ALL previously closed claims, including those Closed Without Payment, **ALL** incidents whether an "estimate of loss" has been set or not and **ALL** other claims where an estimate has been set and/or payments made. Please also list annual premium (if available)

Date of Loss	Nature of Loss	Deductible Applied	Paid Amount	Reserved Amount	Details of Loss



I/We hereby warrant that the information provided above is complete and accurate to the best of my/our knowledge and belief, and it is our understanding that Underwriters shall rely upon the information and representations listed above in determining the acceptability and rates and conditions of coverage. It is further understood that any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage and denial of claims, if any.

It is further noted and understood that the Applicant is under a continuing obligation immediately to notify his Underwriters of any material alteration to the nature, extent or size of this operation as described herein.

It is further understood that this application shall be attached to any form part of the policy, should one be issued.

Signed	Applicant	_____
	Title	_____
	Date	_____