



COMMERCIAL MARINE LIABILITY APPLICATION

NAME OF INSURED: _____

CONTACT PERSON: _____

MAILING ADDRESS: _____

TELEPHONE: _____ E-MAIL: _____

HOW LONG HAS APPLICANT BEEN IN BUSINESS? _____

EFFECTIVE DATE DESIRED? _____

ADDRESS OF FACILITIES: _____

SECTION 1: OPERATIONAL INFORMATION

1) DESCRIBE NATURE OF OPERATION: _____

2) ANNUAL GROSS RECEIPTS: _____

3) NUMBER OF EMPLOYEES: _____

4) IF THE FOLLOWING JOBS ARE PERFORMED, PLEASE BREAK DOWN YOUR ACTIVITY BY PERCENT (MUST EQUAL 100%):

BOAT OR ENGINE REPAIR ____% DETAILING AND/OR SHRINKWRAP ____% DREDGING ____%

INSTALLER OF ELECTRONICS AND OTHER AFTERMARKET EQUIPMENT ____% DIVING ____%

PILE DRIVING AND DOCK BUILDING/REPAIR ____% MARINE MACHINE OR PROPELLER SHOP ____%

SHIPSTORE/VENDOR/DISTRIBUTOR ____% BOAT BUILDING ____% QUICK ASSIST TOWING ____%

OTHER: _____

5) IF DIVING IS PERFORMED PLEASE DESCRIBE: _____

6) DESCRIPTION OF NON-MARINE OPERATIONS: _____

7) DESCRIBE THE MAINTENANCE PROGRAM, SUCH AS FREQUENCY OF HAULOUTS AND MAJOR REFITS: _____



8) DOES APPLICANT'S OPERATIONS INVOLVE STORING, TREATING, DISCHARGING, DISPOSING OF HAZARDOUS MATERIALS? (YES/NO) _____ IF YES PLEASE DESCRIBE: _____

9) DO YOUR OPERATIONS INVOLVE BLASTING OPERATIONS OR EXPLOSIVE STORAGE? (YES/NO) _____ IF YES PLEASE DESCRIBE: _____

10) DOES APPLICANT'S OPERATIONS INVOLVE EXCAVATION, TUNNELING OR EARTH MOVING OPERATIONS? (YES/NO) _____ IF YES PLEASE DESCRIBE: _____

11) DOES APPLICANT'S OPERATIONS INVOLVE ANY BRIDGE WORK? (YES/NO) _____ IF YES PLEASE DESCRIBE: _____

12) DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS? (YES/NO) _____ IF YES PLEASE DESCRIBE: _____

13) DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?(YES/NO) _____ IF YES PLEASE DESCRIBE: _____

14) SUBCONTRACTORS:

TYPE OF WORK SUBCONTRACTED OUT: _____

PERCENT SUBCONTRACTED OUT: _____

DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANTS? _____

DOES APPLICANT REQUIRE CERTIFICATES OF GL/PRODUCTS AND WORKER'S COMPENSATION INSURANCE FROM ALL SUBCONTRACTORS? _____

SECTION 2: LOSS HISTORY

FIVE-YEAR PREMIUM & LOSS RECORD (DO NOT LEAVE BLANK, IF NO LOSSES THEN SO STATE):

YEAR	PAID LOSSES	OUTSTANDING LOSSES	TOTAL INCURRED LOSSES	DESCRIPTION OF LOSSES

DETAILS OF MAJOR LOSSES, UNUSUAL LOSSES, RECOVERIES: _____



SECTION 3: ADDITIONAL INFORMATION

15) HAS ANY INSURANCE CARRIER CANCELLED OR DENIED COVERAGE IN THE PAST 3 YEARS? (IF YES, WHY?) _____

16) LIST DETAILS OF CURRENT INSURANCE SHOWING CARRIER, VALUES, RATES & EFFECTIVE DATES: _____

SECTION 4: OPTIONAL COVERAGE

CHECK ALL DESIRED:

TOOLS & EQUIPMENT*

SUDDEN & ACCIDENTAL POLLUTION

WHARFINGERS LIABILITY. IF YES WHAT ARE THE RECEIPTS ASSOCIATED WITH WHARFINGERS: _____

OTHER: _____

* COVERAGE IS AVAILABLE UP TO A MAXIMUM LIMIT OF \$50,000. WHAT IS THE LIMIT REQUESTED: _____
PLEASE LIST ALL EQUIPMENT OVER \$1,000. NOTE: ALL ITEMS VALUED \$1,000 AND GREATER MUST BE SCHEDULED.

ITEM	SERIAL NUMBER	QUANTITY	COST PER ITEM	TOTAL VALUE

17) ANY ADDITIONAL ASSUREDS DESIRED? (YES/NO) _____ IF YES PLEASE LIST NAME AND MAILING ADDRESS: _____

DISCLAIMER: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND WILL VOID COVERAGE HEREUNDER.

DATE: _____

SIGNATURE OF APPLICANT: _____

PRINTED NAME OF APPLICANT: _____