



INSURANCE AGENCY, INC.
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MARINE CONTRACTOR'S LIABILITY APPLICATION

1) FULL NAME OF APPLICANT _____

2) ADDRESS _____

3) HOW LONG HAS THE APPLICANT BEEN IN THIS BUSINESS? _____

4) EXACT LOCATION OF FACILITY(IES) _____

5) NUMBER OF EMPLOYEES _____

6) RECEIPTS/PAYROLL:

ANNUAL GROSS RECEIPTS:	<u>YEAR</u>	<u>RECEIPTS</u>
	20__	_____
	20__	_____
	20__	_____

ANNUAL PAYROLL	<u>YEAR</u>	<u>PAYROLL</u>
	20__	_____
	20__	_____
	20__	_____

7) BREAKDOWN OF OPERATIONS (by %):

PILE DRIVING_____	DOCK BUILDING/REPAIR_____
SEAWALL_____	SALVAGE_____
JETTY_____	DREDGING_____
DIVING_____	
OTHER (please describe)_____	

8) **MARINE/NON-MARINE BREAKDOWN (by %):**

MARINE _____ NON-MARINE _____

9) **DESCRIPTION OF MARINE OPERATIONS** _____

10) **DESCRIPTION OF NON-MARINE OPERATIONS** _____

11) **ANY EXPOSURE TO FLAMMABLES, CHEMICALS, OR EXPLOSIVES?** _____

12) **ANY BLASTING OPERATIONS OR EXPLOSIVE STORAGE?** _____

13) **ANY EXCAVATION, TUNNELING OR EARTH MOVING OPERATIONS?** _____

14) **ANY BRIDGE WORK?** _____

15) **DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS?** _____

16) **DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?** _____

17) **DOES APPLICANT LEASE ANY EMPLOYEES TO OR FROM OTHER EMPLOYERS?** _____

18) SUBCONTRACTORS:

TYPE OF WORK SUBCONTRACTED OUT _____

PERCENTAGE SUBCONTRACTED OUT _____

DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN
APPLICANT'S? _____

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

**19) ANY CONTRACTS EITHER LIMITING OR EXTENDING THE LIABILITIES IMPOSED
BY LAW? IF SO, PLEASE DESCRIBE.** _____

**20) ANY FORMAL SAFETY PROGRAM IN EFFECT? IF SO, PLEASE DESCRIBE AND/OR
ATTACH A COPY.** _____

21) SCHEDULE OF WATERCRAFT (owned or operated by the APPLICANT) _____

DOES APPLICANT CARRY SEPARATE HULL AND PROTECTION &
INDEMNITY INSURANCE? (Indicate limits, deductibles, carriers, etc.)

22) **LOSS HISTORY:**

<u>YEAR</u>	<u>PAID LOSSES</u>	<u>OUTSTANDING LOSSES</u>
19__	_____	_____
19__	_____	_____
19__	_____	_____
20__	_____	_____
20__	_____	_____

USE ADDITIONAL SPACE TO DETAILS MAJOR LOSSES, UNUSUAL LOSSES, AND RECOVERIES.

23) **CURRENT INSURANCE:**

LIMIT OF LIABILITY _____
DEDUCTIBLE _____
PREMIUM(optional) _____
CARRIER _____
SPECIAL COVERAGES, EXTENSIONS, ETC. _____

24) **EFFECTIVE DATE:** _____

INCLUDE A NARRATIVE OR BROCHURE DETAILING THE APPLICANT'S OPERATIONS, INCLUDING RESUMES OF THE PRINCIPALS.

I understand that the above information and supplemental information enclosed, which is correct to the best of my knowledge, is to be the basis of insurance if a policy is issued, but does not obligate the Applicant to accept the insurance, nor oblige the insurer to effect insurance on the risk.

BROKER

ADDRESS

SIGNATURE OF APPLICANT

TITLE

DATE