

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:	YEAR	RECEIPTS
	20_____	_____
	20_____	_____
	20_____	_____
ANNUAL PAYROLL	YEAR	PAYROLL
	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 _____
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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

 SIGNATURE OF APPLICANT

 ADDRESS

 TITLE

 DATE