

## MARINE CONTRACTORS APPLICATION

	Insured	Producer
<b>Name</b>		
<b>Address</b>		
<b>Telephone Number</b>		
<b>Email &amp; Website Address</b>		
<b>Contact for Inspection</b>	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:**

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**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:
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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:
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- 
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.
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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.
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17. ☐ Yes ☐ No Are any diving activities associated or contemplated in the Insured's work? If yes, please explain.
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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 surveys 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 IV – CONTRACTOR’S EQUIPMENT

**A. Valuation Option:** ☐ Agreed Value ☐ ACV

**B. Deductible:** ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ Other: \$ \_\_\_\_\_

**C. Equipment Schedule: (Complete the following or submit a complete schedule)**

SCHEDULED GENERAL EQUIPMENT				
Type of Equipment	Manufacturer & Model	Model Year	Serial Number	Amount of Insurance
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

CRANES					
Type of Equipment	Fixed or Mobile	Manufacturer & Model	Model Year	Serial Number	Amount of Insurance
					\$
					\$
					\$
					\$
					\$

**Please indicate where the Crane values are to be insured?** ☐ Hull Policy ☐ Contractors Equipment Policy

**Is an “Equipment Leased or Rented From Others” Limit Required?** ☐ Yes ☐ No If “Yes,” Limit: \$ \_\_\_\_\_

**Is there any Unscheduled Equipment that the Insured wants covered?** ☐ Yes ☐ No If “Yes,” describe details below.

Description	Maximum Amount Per Item	Amount of Insurance
Employee Tools	\$	\$
Miscellaneous Tools (Describe)	\$	\$

**D. Crane Operations (if applicable):**

1. ☐ Yes ☐ No Are crane operators the Insured’s own employees?

2. ☐ Yes ☐ No Are crane operators NCCO certified?

3. How many years experience do the crane operators possess and what is their experience using the particular crane they are currently operating? \_\_\_\_\_

4. ☐ Yes ☐ No Are daily operational logs maintained and is equipment serviced on a regular basis in full compliance with the manufacturer’s recommendations?

5. What types of property are typically lifted? \_\_\_\_\_

## 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

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