



Marine general liability insurance application

Agent/broker address:

Proposed effective dates:

1. Name of applicant

Mailing address

2. Description of the applicant’s business and operations (describe non-marine operation if applicable)

Check all operations that apply:

Ship repairer	Wharfinger	Stevedore
Terminal operator	Port authority	Charterer
Marine contractor	Oilfield offshore	Marina operator
Vessel operator	Fabrication	Consultant
Drilling contractor		

3. Business information: Years in business?

Type of company	Corp.	Individual	Joint venture	Partnership
<i>Provide if applicable:</i>	Projected (Year)		Expiring (Year)	
Gross revenues:				
Marine % Non-marine %				
Gross payroll				
Annual sales				
Number of employees				
Annual advertising expenditure				

Throughout (unit)

4. Subcontractors:

What % of work is subcontracted for?

Yes / No (Attach explanations of all yes answers)

	Y	N		Y	N
Does applicant draw plans, designs, or specifications for others?			Do your subcontractors carry coverages or limits less than yours?		
Do any operations include blasting or utilize or store explosive material?			Are subcontractors allowed to work without providing you with a certificate of insurance?		
Do any operations include excavation, tunneling, underground work or earth moving?			Does applicant lease equipment to others with or without operators?		

5. Products information: List products

Manufactured:

Sold:

Distributed:

Yes / No (Attach explanations of all yes answers)

	Y	N		Y	N
Does applicant install, service or demonstrate products?			Products recalled, discontinued, changed?		
Foreign products sold, distributed, used as components?			Products of others sold or re-packaged under applicant label?		
Research and development conducted or new products planned?			Does any named insured sell to other named insureds?		
Guarantees, warranties, hold harmless agreements?			Vendors coverage required?		
Products related to aircraft/space industry?			Products under label of others?		

6. Exposure information

Marine exposure: In addition to the attached vessel schedule (If yes, explain):

Does the applicant ever charter / lease vessels?

Does the applicant ever own/operate/charter any pleasure craft?

Does the applicant have any exposure under the Longshoreman's and Harbor Worker's Act?

Environmental exposure: Give details on all storage tanks including number, age, size, contents, construction, whether above or below ground & when last surveyed. *(attach schedule if necessary):*

During the last 5 years has the applicant spilled or caused the spill of hazardous substances, wastes, or any pollutants? *(Briefly describe any spills):*

Do operations involve storing, treating, disposing, or transporting hazardous materials?

Are transporters, handlers, or disposal companies EPA certified and properly insured?

7. Additional general exposure information:

	Y	N		Y	N
Any medical facilities provided or medical professional employed or contracted?			Any structural alterations contemplated?		
Any exposure to radioactive/nuclear materials?			Any demolition exposure contemplated?		
Do/have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous materials? (e.g. landfills, wastes, fuel tanks, etc.)			Has applicant been active in or is currently active in joint ventures? Are the premises fenced?		
Any operations sold, acquired, or discontinued in last 5 years?			Do you lease employees to or from other employers?		
Machinery or equipment loaned or rented to others?			Is there a labor interchange with any other business or subsidiaries?		
Any watercraft, docks, floats owned, hired or leased?			Are day care facilities operated or controlled?		

Any parking facilities owned/rented?	Have any crimes occurred or been attempted on your premises within the last three years?
Is a fee charged for parking?	Is there a formal, written safety and security policy in effect?
Recreation facilities provided?	Does the businesses' promotional literature make any representations about the safety or security of the premises?
Is there a swimming pool on the premises?	
Sporting or social events sponsored?	

8. Details of insurance

Limits desired for this application?

Details of previous MGL insurance for the past 3 years: (Check if attached)

Period	Carrier	Type	Limit	Deductible	Annual premium
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Please attach 5 years of loss history, or if no losses, state "none" (Check if attached):

Attachments check list:

Items	Y	N	Comments
5 Years of Claims History			
Other LIU Application?			
Schedule of Named Insureds			
Schedule of Locations			
Vessel schedule			
Company Brochure			
Annual Reports / Financial Statement			
Standard Operator Agreement			
Standard Sub-contractor Agreement			
Hold Harmless Agreement			
Safety manual			
Risk Survey Report (latest available)			

Overhead Map / Satellite picture of

Other

Other

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.

Producers signature:

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Date

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Applicant signature

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Date

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Authorized company representative

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Date

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