



Marine General Liability Application

Name of insured: _____
Contact person: _____
Mailing address: _____
Telephone: _____ Email: _____
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 certificate 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? Yes No

If yes, why: _____

16. List details of current insurance showing carrier, values, rates & effective dates: _____

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: _____