

COMMERCIAL MARINE PACKAGE APPLICATION

Name of Insured: _____

Mailing Address: _____ Web: _____

City: _____ State: _____ Zip: _____

Applicant is a : Partnership Corporation Other _____

Policy Period: From: _____ To: _____

Person to contact for inspection: _____

Phone #: _____ Email: _____

Producer's Name: _____

Mailing address: _____ Email: _____

City: _____ State: _____ Zip: _____

SCHEDULE OF COVERED OPERATIONS

(Policy terms state that only those operations scheduled are covered)

Check all that apply to your operations.

Operation:	Receipts (past 12 mo.)	Operation:	Receipts (past 12 mo.)
Vessel repair (commercial)	\$	Stevedoring	\$
Boat repair (private pleasure watercraft)	\$	Terminal operations	\$
Vessel construction (commercial)	\$	Wharfingers	\$
Boat construction (private pleasure boats)	\$	Bridge repair or construction	\$
Boat lift installation	\$	Pile driving	\$
Pier, wharf, dock, seawall construction or repair (complete supplemental app)	\$	Passenger Vessel operation	\$
Dredging / excavation	\$	Other – describe fully below	\$

Describe any and all of your non-marine operations and provide receipts from those operations.

Describe "Other" operations from above. _____

SCHEDULE OF COVERED LOCATIONS

(Policy terms state that only those locations scheduled are covered)

1. _____
2. _____
3. _____
4. _____
5. _____

GENERAL INFORMATION

1. Does this application include all your Operations, Locations and Vessels and affiliated and subsidiary companies? Yes No

If no, Explain: _____

2. Number of years in business _____ Years under current management _____

3. Number of full-time employees _____ Number of part-time employees _____

4. Present insuring company _____

5. What are your current premiums? _____

6. Is the insured a subsidiary of any other entity or does the insured have any subsidiaries? Yes No

If yes, please describe. _____

7. Has any company ever cancelled or non-renewed any insurance being applied for in this application?
Yes No

If yes, give the company, date of cancellation and reason for cancellation.

8. Has the insured ever declared bankruptcy? Yes No

9. Do you subcontract out any work? Yes No If yes:

a. Type of work subcontracted out _____

b. Cost of subcontracted work \$ _____

- c. Do you obtain a hold harmless / indemnity agreement from subs? Yes No

- d. Do you obtain Certificates of Insurance with limits equal to your limits? Yes No

(Policy provisions reduce your limit of coverage if sub contractors fail to have coverage or have limits less than yours)

REQUESTED COVERAGES, LIMITS AND DEDUCTIBLES

Section I – Commercial Marine Liability Coverages

COMBINED SINGLE LIMITS (applicable to all Section I Coverage Parts)

• Each Occurrence (in 000's)	\$100	\$300	\$500	\$1,000
• General Aggregate (in 000's)	\$200	\$600	\$1,000	\$2,000
• Products/Completed Operations Aggregate (in 000's)	\$100	\$300	\$500	\$1,000
• Medical Payment Limit of Insurance	\$5,000	\$10,000		
• Damage to premises rented to you Limit of Insurance	\$25,000	\$50,000	\$100,000	

COMBINED SINGLE DEDUCTIBLE \$ _____ (\$1,000 minimum)

Coverages Requested:

Marine General Liability	Protection & Indemnity
Hired/non-owned auto end.	Crew coverage end.
Employee Benefit Liability end.	Cargo liability end.
Stop Gap end.	Chartered/rented vessel end.
Ship Repairer Liability	Bailee end.
Traveling workman end.	Stevedore's Liability
Other work end.	Terminal Operator's Liability
Reconstruction/conversion end.	Wharfingers' Liability
Tankerman's Liability	Demurrage coverage endorsement
Pollution Liability	

Section II – Hull Physical Damage Coverages

Coverages Requested:

Hull physical damage	Hull Builders Risk physical damage
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Section III – Property Physical Damage Coverages

Coverages Requested:

Piers, wharves & docks	Fixed Marine property
Mobile Equipment	Pollution physical damage

Complete the supplemental applications that follow for each coverage requested. Complete only those supplemental applications for which coverage has been requested. Any additional information can be added on the last page of the application.

MARINE GENERAL LIABILITY SUPPLEMENTAL APPLICATION

Products Exposures

1. Describe any products liability exposures.

2. Products of others sold or repackaged under applicant's label? Yes No

If yes, explain _____

3. Products recalled, discontinued or changed? Yes No

If yes, explain _____

4. Any products manufactured? Yes No

If yes, list and describe products _____

5. Does insured install, service or demonstrate products? Yes No

If yes, explain. _____

6. Any foreign products sold, distributed or used as components? Yes No

Hired/Non-Owned Auto Liability

1. Do you own any autos? Yes No

2. Do you allow use of personal cars for business use? Yes No

3. How frequently? _____

4. Are the same drivers/officers usually used? Yes No

5. Are MVR's checked annually? Yes No

6. Do you require proof of personal insurance? Yes No

7. What limits are required? _____

8. Number of employees who use their personal cars. _____

9. Number of underage drivers (<25 yrs). _____

Employee Benefits Liability

1. Limits of Insurance requested:

\$ _____ Each employee; \$ _____ Aggregate.

2. Employee Benefit Programs which are automatically covered without being specifically listed: Group Life Insurance, Group Accident or Health Insurance, Profit Sharing Plans, Pension Plans, Stock Subscription Plans, Unemployment Insurance, Social Security Benefits, Workers' Compensation and Disability Benefits.

List any other types of plans for which coverage is desired: _____

3. Number of people employed by you. _____

4. Retroactive Date: _____

5. Number of employees covered by Employee Benefit Plans. _____

6. Do you maintain a department or unit to (a) administer Employee Benefit Plans, and (b) answer questions and advise employees concerning the Plans? Yes No

7. On programs permitting employees an option to enroll or not to enroll, do you require a signed acceptance or rejection from each employee? Yes No

8. If your Pension Plan and/or Profit Sharing Plan is/are funded with a financial institution, provide details regarding its administration. _____

Leased / Temporary Workers / Subcontractors

	Leased Workers		Temporary Workers		Independent/ Sub Contractors	
	Yes	No	Yes	No	Yes	No
Do you utilize?*	Yes	No	Yes	No	Yes	No
Are indemnity agreements in place in your favor with the provider of?	Yes	No	Yes	No	Yes	No
Are you named as an alternate employer on the provider's worker comp. policy?	Yes	No	Yes	No	Yes	No
Do you obtain certificates of insurance from all providers?	Yes	No	Yes	No	Yes	No
Do you provide workers comp. coverage for these workers?	Yes	No	Yes	No	Yes	No
What was your cost for this service over the past 12 months?	\$		\$		\$	
What minimum General Liability limits do you require from the provider?	\$		\$		\$	

* If the answer to this question is yes, attach a copy of the standard agreement / work order used. If no agreement or work order is used, please explain.

Pollution Liability Exposures

Do any of your operations involve the hauling, storage, handling or disposal of any hazardous waste products, including petroleum waste products? Yes No

Do any of your operations involve the hauling, storage or handling of any chemical or petroleum products?
 Yes No

Have you ever been involved in either of the operations referred to above? Yes No

Do you have any fuel storage tanks located on any of the covered locations, including tanks no longer in use?
 Yes No

PROTECTION & INDEMNITY SUPPLEMENTAL APPLICATION

If you have any vessels other than those listed in the Hull Supplemental application on which you want P&I coverage, copy the Hull Supplemental application page and list those vessels. If Hull coverage is placed elsewhere on these vessels, indicate the insured hull value in the application and indicate the insurance company providing the hull coverage.

If Crew Coverage option is selected, how many crew are employed? _____

Experience of employees. _____

If Cargo Liability Coverage option is selected, describe the type and value of cargo carried:

If Chartered/Rented Coverage option is selected, describe the type of vessel chartered/ rented, normal length of charter/rental period and the value of each type vessel chartered/rented:

If any of the vessels carry passengers, provide:

(1) USCG certified passenger capacity _____

(2) USCG license(s) for each captain. (attach) _____

(3) Average number of passengers carried each trip _____

(4) Number of trips made per day, week or month _____

(5) Season of operation _____

(6) Nature of operation, i.e. fishing, sightseeing, ferry etc. _____

Is food served? Yes No Alcohol? Yes No

HULL SUPPLEMENTAL APPLICATION
Schedule of Covered Vessels

Name:		Type:
Year Built:	Length/ Beam:	GRT:
Material of Hull:	Type Propulsion & HP	Date of last Dry Docking
Hull Value:		Deductible: \$
Location:		

Name:		Type:
Year Built:	Length/ Beam:	GRT:
Material of Hull:	Type Propulsion & HP	Date of last Dry Docking
Hull Value:		Deductible: \$
Location:		

Name:		Type:
Year Built:	Length/ Beam:	GRT:
Material of Hull:	Type Propulsion & HP	Date of last Dry Docking
Hull Value:		Deductible: \$
Location:		

Name:		Type:
Year Built:	Length/ Beam:	GRT:
Material of Hull:	Type Propulsion & HP	Date of last Dry Docking
Hull Value:		Deductible: \$
Location:		

Name:		Type:
Year Built:	Length/ Beam:	GRT:
Material of Hull:	Type Propulsion & HP	Date of last Dry Docking
Hull Value:		Deductible: \$
Location:		

Navigation area of above vessel(s) _____

HULL BUILDERS RISK SUPPLEMENTAL APPLICATION

Commercial Vessels:

Describe the Type(s) and size(s) of vessels built: _____
 How many are constructed per year? _____
 What is the completed value for each type vessel? _____
 What is the hull material (i.e. steel, aluminum, fiberglass etc)? _____
 What is the average construction time for each type vessel? _____
 At which location(s) are the vessels built? _____
 Is the construction primarily inside or outside? _____
 Describe any trial trips to be made. _____
 Will there be any owner furnished material used in the construction? Yes No
 If yes, what is the total value of the owned furnished material? _____

Private Pleasure Boats:

If available, attach brochure describing boats built. If you have a web site, provide the web address:

 Describe the models and sizes of boats built: _____
 How many are built each week, month or year? _____
 What is the completed value of each model? _____
 What is the total value of all boats built in a year? _____
 What is the hull material used? (i.e. fiberglass, aluminum, etc) _____
 Use the Fixed Property supplemental application to list the building in which construction takes place and indicate what operation takes place in each building.
 What is the total value of boats transported to customers or dealers each year? _____
 Do you participate in boat shows or other exhibitions where you place boats on display? Yes No
 If yes, at which shows do you participate? _____
 What is the maximum value of boats at a show? _____
 If you wish to cover your molds, list each mold separately with a value for each in the Mobile Equipment Supplemental application.

MOBILE EQUIPMENT & TOOLS SUPPLEMENTAL APPLICATION

Indicate valuation: 80% ACV 90% Replacement Cost (check one)

Complete the following or attach a schedule. (Note: all equipment over \$1,000 must be scheduled.)

Item description	Value	Deductible	Serial Number
1.	\$	\$	
2.	\$	\$	
3.	\$	\$	
4.	\$	\$	
5.	\$	\$	
6.	\$	\$	
7.	\$	\$	
8.	\$	\$	
9.	\$	\$	
10.	\$	\$	
Unscheduled Equipment & Tools Limit (Maximum Limit \$10,000)	\$	\$	
Maximum Limit any one Item	\$		
Rented or Leased Equipment (from Others) Limit*	\$	\$	
Maximum Limit any one Item	\$		
Rental Reimbursement Coverage Limit* (\$5,000 is provided without charge)	\$	\$	

* If requesting a higher limit, provide rental cost, description and value of rented equipment.

How much are you spending on Rental Equipment? _____

Description of what you are renting and how often. _____

PIERS WHARVES & DOCK SUPPLEMENTAL APPLICATION (complete attached supplemental application)

MARINE PROPERTY SUPPLEMENTAL APPLICATION

Indicate valuation: 80% ACV 90% Replacement Cost (check one)

Location No.	Bldg No.	Year Built	Occupancy	
Construction	Sprinklers	Yes No	Protection class	Total Area
Subject		Limit		
Building		\$		
Contents		\$		
Deductible		(minimum \$1,000) \$		

Business income & extra expense limit	\$	Coinsurance 80%
How is this building used by the Insured?		
Building improvements		
Wiring, yr.	Heating, yr.	
Roofing, yr.	Plumbing, yr.	
# of stories		
Burglar Alarm: Yes No	Describe:	
Sprinkler Alarm: Yes No	Describe:	
Basement: Yes No		

Location No. Construction	Bldg No.	Sprinklers	Year Built Yes No	Occupancy Protection class	Total Area
Subject			Limit		
Building			\$		
Contents			\$		
Deductible (minimum \$1,000)			\$		
Business income & extra expense limit			\$ Coinsurance 80%		
How is this building used by the Insured?					
Building improvements					
Wiring, yr.			Heating, yr.		
Roofing, yr.			Plumbing, yr.		
# of stories					
Burglar Alarm: Yes No			Describe:		
Sprinkler Alarm: Yes No			Describe:		
Basement: Yes No					

Location No. Construction	Bldg No.	Sprinklers	Year Built Yes No	Occupancy Protection class	Total Area
Subject			Limit		
Building			\$		
Contents			\$		
Deductible (minimum \$1,000)			\$		
Business income & extra expense limit			\$ Coinsurance 80%		
How is this building used by the Insured?					
Building improvements					
Wiring, yr.			Heating, yr.		
Roofing, yr.			Plumbing, yr.		
# of stories					
Burglar Alarm: Yes No			Describe:		
Sprinkler Alarm: Yes No			Describe:		
Basement: Yes No					

Location No. Construction	Bldg No.	Sprinklers	Year Built Yes No	Occupancy Protection class	Total Area
Subject			Limit		
Building			\$		
Contents			\$		
Deductible (minimum \$1,000)			\$		
Business income & extra expense limit			\$ Coinsurance 80%		
How is this building used by the Insured?					
Building improvements					
Wiring, yr.			Heating, yr.		
Roofing, yr.			Plumbing, yr.		
# of stories					
Burglar Alarm:		Yes No	Describe:		
Sprinkler Alarm:		Yes No	Describe:		
Basement:		Yes No			

Do you generate/produce power for yourself or to sell back to the grid? Yes No

If yes, list the type (wind, solar, fuel cell, engine/generator) and size (nameplate rating in kilowatts) of the power generating equipment, or system in the case of photovoltaics.

STEVEDORES SUPPLEMENTAL APPLICATION

Port/Facility Location	Load or Discharge	Commodity	Tonnage per year	Receipts per year

Do you use any specialized equipment in your loading or discharging operations? Yes No

If yes, please describe. _____

Do you store any commodities prior to loading or after discharge? Yes No

If yes, complete the Terminal Operators supplemental application.

How many barges/vessels do you stevedore per year? _____

What type of vessels do you stevedore, i.e. barges, general cargo ships, bulk carriers, etc.?

TERMINAL OPERATORS SUPPLEMENTAL APPLICATION

Port/Facility Location	Load or Discharge	Commodity	Tonnage per year	Receipts per year

Commodity stored	Average length of storage	Stored inside or outside	Receipts

Describe the type of vessels loaded or discharged. _____

How many barges/vessels do you load or discharge per year? _____

Do you load or discharge any rail cars or trucks? Yes No If yes, how many? _____

Use the Fixed Property supplemental application to list and provided information on all storage buildings, tanks or silos.

Do you issue a warehouse receipt for goods in storage? Yes No If yes, attach a copy.

WHARFINGERS SUPPLEMENTAL APPLICATION

Provide the receipts from vessel storage. \$ _____

Provide the receipts from shifting or towing of vessels. \$ _____

Provide the total number of days vessels were stored during past 12 months.

_____ Barges _____ towboat/pushboats/tugs _____ other vessels

If you do any vessel repair, cleaning or servicing, complete the Ship Repairers supplemental application.

If you load or discharge any vessels, complete the Terminal Operators supplemental application.

Describe any shifting or towing operations including distances traveled. _____

If shifting or towing operations are performed, are all the towing vessels listed in the Hull and P&I supplemental applications? Yes No

Do all vessel storage locations have personnel on premises 24 hours, 7 days a week? Yes No

If no, describe security. _____

Of the total vessel days per year, what percentage is vessels loaded with cargo? _____

List any exposures (i.e. bridges, docks or terminals) down stream within one mile of each location.

SHIP REPAIRER SUPPLEMENTAL APPLICATION

Provide total repair receipts for past 12 months. \$ _____

Describe type of vessels repaired. _____

Describe type of work performed. _____

Do you do any gas freeing work? Yes No

Describe dry docking or vessel lifting system used to remove vessels from the water.

Do you do any conversion or reconstruction of vessels (i.e. where the size, type or nature of a vessel is changed)? Yes No If yes, what are the receipts? \$ _____

Do you do any non-marine work (i.e., metal fabrication or welding not on a vessel)? Yes No

If yes, describe. _____

Do you do any work away from the scheduled locations? Yes No

If yes, describe. _____

TANKERMAN SUPPLEMENTAL APPLICATION

Provide total receipts from Tankerman operations in past 12 months. \$ _____

How many tankerman do you employ? _____

Location	Type of vessel	Commodity	# of vessels loaded/discharged in past 12 months

Mortgagees / Loss Payees / Additional Interest:

Name & Address:
Interest:
Coverage section(s) applicable:
Location Number:

Name & Address:
Interest:
Coverage section(s) applicable:
Location Number:

Name & Address:
Interest:
Coverage section(s) applicable:
Location Number:

Name & Address:
Interest:
Coverage section(s) applicable:
Location Number:

Additional information / Comments:

Five Year Loss Record – for all coverages being requested including losses from discontinued or sold operations and vessels lost. If none, state “none”.

Coverage involved	Date of Loss	Details of Accident	Gross Amount of loss before deductible	Current Status: Paid or outstanding

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OF 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 MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Signing this form does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Signature of Applicant: _____

Date signed: _____