

**MARINE SURVEYORS, ENGINEERS, CONSULTANTS and/or NAVAL  
ARCHITECTS PROFESSIONAL LIABILITY INSURANCE**

**GENERAL INFORMATION**

1. Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Principal Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Firm Is: Corporation  Partnership  LLC / LLP  Sole Proprietorship  Joint Venture

Predecessor Firm Name(s): \_\_\_\_\_

Date original firm commenced operations: \_\_\_\_\_ Federal Tax ID #- \_\_\_\_\_

2. How did you hear about our program?

Referral  Direct Mail  Web Search  Conference  Email Marketing  Renewal  Quoted previously

3. Number of Staff:

Principals	Licensed Professionals	Technical	Admin.	Total

4. Has the applicant or any subsidiary in the past three years been involved with, or contemplates in the next 12 months any merger, acquisition or divestment? Yes  No

5. Vessels owned, leased or chartered? Yes  No

**INSURED SERVICES**

6. Please select the service(s) performed (including any subsidiary companies) and provide an estimated percentage of the forecasted gross annual income that relates to each service:

Service	Percentage	Appendix Applicable to Service
Marine Consulting	%	Please ensure you complete Appendix 1
Marine Engineering	%	Please ensure you complete Appendix 1
Marine Surveying	%	Please ensure you complete Appendix 1
Naval Architect	%	Please ensure you complete Appendix 1
Small Craft Surveying	%	Please ensure you complete Appendix 1
New Building Supervision or Vessel Conversion	%	Please ensure you complete Appendix 1
Other (Please describe below)	%	Please ensure you complete Appendix 1

**EMPLOYMENT PRACTICES**

7. Does the Applicant have a human resources department? Yes  No

8. Does Applicant have a human resources manual or equivalent written guidelines? Yes  No

9. Does a labor lawyer review the guidelines or procedures? Yes  No

10. Is an attorney consulted prior to discharging an employee for cause? Yes  No

11. If the applicant does have a human resources manual or equivalent written guidelines, does it contain a policy or procedure for the following:

- |  |                              |                             |                                    |                              |                             |
|--|------------------------------|-----------------------------|------------------------------------|------------------------------|-----------------------------|
| a. Hiring/interviewing                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> | h. Fitness for work                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Terminations, redundancy, and early retirements | Yes <input type="checkbox"/> | No <input type="checkbox"/> | i. Polygraph testing               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Performance appraisal                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> | j. Sexual harassment               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Discipline                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> | k. Age discrimination              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Grievance procedure                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> | l. Sexual Discrimination           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Drug testing                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | m. Racial Discrimination           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Confidential treatment of medical examinations  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | n. Americans with Disabilities Act | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

12. For the past year, indicate number of those who have:

a. Been terminated by the applicant		b. Resigned voluntarily	
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**FINANCIAL DETAILS**

13. Please complete the tables below:

**Note: Gross income = fees and commissions charged to Customers by the Insured, for professional services only. Exclude disbursements paid on behalf of the Customer and any sales of products and installation services.**

What is your actual annual gross income for the last twelve months? (Please state the currency)	What is your forecast gross annual gross income for the next twelve months?

**INSURANCE**

14. Does the firm currently carry professional liability insurance? If so, by whom (see chart below) Yes  No

Type of Insurance	Company	Per Claim Limit	Aggregate Limit	Deductible	Annual Premium	Expiration Date	Retroactive Date
Professional Liability							
Workers Compensation/USL&H							
General Liability							
Umbrella							

15. The firm would like a quotation for Professional Liability based on the following limit(s) and deductible(s)

Per Claim Limit	Aggregate Limit	Deductible

16. Do you have a Specific Additional Project Limit Endorsement on your current policy? Yes  No

17. a) Is your firm a named Insured under a project policy? Yes  No

b) If yes, please provide the following information for all projects (If more than one, please attach additional information at the end of the application.):

Carrier	Policy Term (Inception/Expiration)	Discovery Period	Limit of Liability	Deductible	Project Name
	to	to			

18. Have you or any principal, partner, officer, director, or shareholder of your firm ever been declined for Professional Liability Insurance or had such coverage canceled (except for nonpayment of premium) or nonrenewed? (Not applicable in Missouri) If yes, please provide details below. Yes  No

APPENDIX 1: MARINE SURVEYORS, CONSULTANTS and/or NAVAL ARCHITECTS

**Please attach details and/or Curricula Vitae outlining the experience and professional qualifications of your principals and key professional staff.**

1. Please provide a full and clear description of the activities of your Company for which coverage is required.

2. What is the largest annual income/fee earned from a single client in the last 12 months? \_\_\_\_\_

3. What percentage of your annual income relates to work in the offshore oil and gas industry? \_\_\_\_\_ %

4. What percentage of your gross annual income is derived from performing surveys on yachts and/or pleasure craft? \_\_\_\_\_ %

5. Do you have your on standard trading conditions? If YES, then please provide a copy. Yes  No

6. Do you ensure that your standard trading conditions are always provided to a customer before accepting service? Yes  No

7. Do you include a disclaimer and liability clause in all your reports or written advice to customers? If YES, then please attach a copy. Yes  No

8. Do you issue or carry out any of the following, if so, please attach sample certificates:

Gas free certificates*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Quality or Quantity certificates*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Overseeing bunker supply	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Surveying cargo holds for holds for the loading of petroleum.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

\*If yes to either 1 or 2 above, please attach a sample certificate.

**CLAIMS DETAILS**

In the last five years have any:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a.) Professional indemnity (errors and omissions) claims been made against you?                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b.) General third party liability claims been made against you?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c.) Fines or penalties claims been made against you?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d.) Circumstance arisen that could have resulted in any of the above liability claims been made against you? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**If yes to either question, please complete the Claim Reporting Form  
You will be directed to the applications page when you submit this application.**

## Claim Reporting Form

**For each claim that has been made against the Applicant or any of its present or former directors, officers, trustees or employees, please provide the following:**

Full name of the entity and / or individual (s) involved in the claim:

Additional defendant(s):

Full name of the claimant(s):

Date of alleged act, error or omission: \_\_\_\_\_

Name of the insurance company to whom this claim has been reported:

Date Claim was made: \_\_\_\_\_ Present status of the claim: \_\_\_\_\_

**If claim is closed, please state:**

Total Damages paid/outstanding: \_\_\_\_\_ Defense Expense paid/outstanding: \_\_\_\_\_

**If claim is open, please state:**

The maximum amount demanded: \_\_\_\_\_ Your opinion as to the likely settlement value: \_\_\_\_\_

Insurance Company loss reserves: \_\_\_\_\_

**If settlement negotiations have begun, please state:**

Claimant's settlement demand: \_\_\_\_\_ Defendant's offer to settle: \_\_\_\_\_

Defense cost to date: \_\_\_\_\_

Description of claim:

Name and address of Attorney who provided defense:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**YOUR SIGNATURE AND AUTHORIZATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_