

APPLICATION FOR MARINE CONTRACTORS LIABILITY INSURANCE

Applicant Name:	Years in Business (if less than 3 yrs, please attach resume)
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Mailing Address (including City, State, Zip):

Proposed Effective/Expiration Date:	Estimated Gross Receipts for upcoming year: \$
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CONTRACTOR LIMITS:	
\$	General Aggregate
\$	Products - Completed Operations Aggregate
\$	Personal And Advertising Injury
\$	Each Occurrence
\$	Fire Damage Legal Liability
\$	Medical Expense

DEDUCTIBLE: \$ _____

Describe the Watercraft in your Care, Custody, Control:	Type of Work: Dredge _____% Pile Driving _____% Bulkhead/Dock _____% Survey _____% Lift Installation _____% Diving _____% Salvage _____% Other _____% (Describe):
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Indicate percentage of work performed in:
 Commercial: _____% Residential: _____% Renovation: _____% New Construction: _____%

Describe your last 5 jobs (include dates):

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

Do you require subcontractors to (indicate yes or no):

_____ Sub contractor used?

_____ Name you as an additional insured to their liability policy?

_____ Sign an indemnification agreement/hold harmless agreement in your favor?

_____ Furnish Certificates of Insurance?

Limit of Liability Insurance Subcontractor carries \$ _____

Gross Receipts for the past 5 Years:

_____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Describe your Non-Marine Work and give percentage of total revenues

Current Insurer:
explain):

Is Current Insurer canceling, increasing rate, changing coverage, etc? (If yes, please

LOSS EXPERIENCE:

List all claims (insured or not) during past 5 years on all operations.

(ATTACH FULL LOSS EXPERIENCE DETAILS)

YEAR	PREMIUM	PAID LOSSES	OPEN / SETTLED	TOTAL
Applicant Signature	Date	Agent or Broker	Date	

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.