



COMMERCIAL MARINE PACKAGE POLICY APPLICATION

Name of Applicant: _____

Mailing Address: _____ Website: _____

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.)
<input type="checkbox"/> Vessel repair (commercial)	\$	<input type="checkbox"/> Stevedoring	\$
<input type="checkbox"/> Boat repair (private pleasure watercraft)	\$	<input type="checkbox"/> Terminal operations	\$
<input type="checkbox"/> Vessel construction (commercial)	\$	<input type="checkbox"/> Wharfingers	\$
<input type="checkbox"/> Boat construction (private pleasure boats)	\$	<input type="checkbox"/> Bridge repair or construction	\$
<input type="checkbox"/> Boat lift installation	\$	<input type="checkbox"/> Pile driving	\$
<input type="checkbox"/> Pier, wharf, dock, seawall construction or repair	\$	<input type="checkbox"/> Passenger Vessel operation	\$
<input type="checkbox"/> Dredging/excavation	\$	<input type="checkbox"/> 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.
6.
7.

GENERAL INFORMATION

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

If no, explain: _____

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

3. Present insuring company: _____

4. What are your current premiums? _____

5. Have you ever canceled 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: _____

6. Do you subcontract out any work? Yes No

If yes: Type of work subcontracted out: _____

Cost of subcontracted work: \$ _____

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

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)	<input type="checkbox"/> \$100 <input type="checkbox"/> \$300 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
• General Aggregate (in 000's)	<input type="checkbox"/> \$200 <input type="checkbox"/> \$600 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000
• Products/Completed Operations Aggregate (in 000's)	<input type="checkbox"/> \$100 <input type="checkbox"/> \$300 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
• Medical Payment Limit of Insurance	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
• Damage to premises rented to you Limit of Insurance	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000
COMBINED SINGLE DEDUCTIBLE	\$ _____ (\$1,000 minimum)

COVERAGES REQUESTED	
<input type="checkbox"/> Marine General Liability	<input type="checkbox"/> Protection & Indemnity
<input type="checkbox"/> Hired/Non-Owned Auto end.	<input type="checkbox"/> Crew coverage end.
<input type="checkbox"/> Employee Benefit Liability end.	<input type="checkbox"/> Cargo liability end.
<input type="checkbox"/> Stop Gap end.	<input type="checkbox"/> Chartered/rented vessel end.
<input type="checkbox"/> Ship Repairer Liability	<input type="checkbox"/> Bailee end.
<input type="checkbox"/> Traveling workman end.	<input type="checkbox"/> Stevedore's Liability
<input type="checkbox"/> Other work end.	<input type="checkbox"/> Terminal Operator's Liability
<input type="checkbox"/> Reconstruction/conversion end.	<input type="checkbox"/> Wharfingers' Liability
<input type="checkbox"/> Tankerman's Liability	<input type="checkbox"/> Demurrage coverage endorsement
<input type="checkbox"/> Pollution Liability	

SECTION II - HULL PHYSICAL DAMAGE COVERAGES

COVERAGES REQUESTED:	
<input type="checkbox"/> Hull Physical Damage	<input type="checkbox"/> Hull Builders Risk physical damage

SECTION III - PROPERTY PHYSICAL DAMAGE COVERAGES

COVERAGES REQUESTED:	
<input type="checkbox"/> Piers, wharves & docks	<input type="checkbox"/> Fixed Marine property
<input type="checkbox"/> Mobile Equipment	<input type="checkbox"/> 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.

FIVE YEAR LOSS RECORD - For all coverages being requested, including losses from discontinued or sold operations and vessels lost.

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.

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: _____

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. Any products manufactured? Yes No

If yes, list and describe products: _____

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 MVRs 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 form 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
Do you utilize?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are indemnity agreements in place in your favor with the provider of?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you named as an alternative employer on the provider's worker comp. policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you obtain certificates of insurance from all providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide workers comp. coverage for these workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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

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

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

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

4. 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.

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

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

3. 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. _____

7. Is food served? Yes No

8. Is alcohol served? Yes No

HULL SUPPLEMENTAL APPLICATION

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

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

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

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

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

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

HULL BUILDERS RISK SUPPLEMENTAL APPLICATION

COMMERCIAL VESSELS

1. Describe the Type(s) and Size(s) of vessels built: _____

2. How many are constructed per year? _____

3. What is the completed value for each type vessel? _____

4. What is the hull material? (i.e. steel, aluminum, fiberglass, etc.) _____

5. At which location(s) are the vessels built? _____

6. Is the construction primarily inside or outside? Inside Outside

7. Describe any trial trips to be made: _____

8. 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

1. If available, attach brochure describing boats built. If you have a website, provide the web address: _____
2. Describe the models and sizes of boats built: _____

3. How many are built each week, month or year? _____
4. What is the completed value of each model? _____
5. What is the total value of all boats built in a year? _____
6. What is the hull material used? (i.e. fiberglass, aluminum, etc.) _____
7. Use the Fixed Property supplemental application to list the building in which construction takes place and indicate what operation takes place in each building.
8. What is the total value of boats transported to customers or dealers each year? _____
9. 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? _____

10. What is the maximum value of boats at a show? _____
11. If you wish to cover your molds, list each mold separately with a value for each in the Mobile Equipment Supplemental application.

HULL BUILDERS RISK SUPPLEMENTAL APPLICATION

Indicate valuation: 80% ACV 90% Replacement Cost

COMPLETE THE FOLLOWING OR ATTACH A SCHEDULE:

Item description:	Value:	Deductible:	Serial Number:
1.	\$	\$	
2.	\$	\$	
3.	\$	\$	
4.	\$	\$	
5.	\$	\$	
6.	\$	\$	
7.	\$	\$	
8.	\$	\$	
9.	\$	\$	
10.	\$	\$	

Unscheduled Equipment & Tools Limit	\$	\$	\$	Maximum limit any one item
Rented or leased equipment (from others) limit* (\$25,000 is provided without charge)	\$	\$	\$	Maximum limit any one item
Rental reimbursement coverage limit* (\$5,000 is provided without charge)	\$	(\$100,000 max.)		
* If requesting a higher limit, provide rental cost, description, and value of rented equipment				

PIERS, WHARVES & DOCK SUPPLEMENTAL APPLICATION:

Indicate valuation: 80% ACV 90% Replacement Cost

Deductible requested: _____ (\$1,000 minimum & applies per occurrence)

Piers, Wharves & Docks	Locations		
	1	2	3
No. of floating docks			
No. of fixed piers			
Insured value of floating docks	\$	\$	\$
Insured value of piers	\$	\$	\$

DRAW (OR ATTACH) A DIAGRAM OF THE DOCKS & PIERS AND INDICATE:

1. Type of construction: _____
2. Type of flotation devices: _____
3. Type of anchoring devices: _____
4. Age of docks & piers: _____
5. Describe any machinery or equipment located on docks and its use: _____

6. Is the value of the above described machinery or equipment included in the values given above? Yes No
If no, what is the value? _____
7. Describe maintenance program: _____

8. Describe any exposures up or down stream from these docks within one mile: _____

MARINE PROPERTY SUPPLEMENTAL APPLICATION

Indicate valuation: 80% ACV 90% Replacement Cost

Location No.: _____ Bldg No.: _____ Year Built: _____ Occupancy: _____	
Construction: _____ Sprinklers: <input type="checkbox"/> Yes <input type="checkbox"/> No Protection class: _____ Total Area: _____	
Subject	Limit
Building	\$
Contents	\$
Deductible	\$
Business income & extra expense	\$ Coinsurance 80%

Location No.: _____ Bldg No.: _____ Year Built: _____ Occupancy: _____	
Construction: _____ Sprinklers: <input type="checkbox"/> Yes <input type="checkbox"/> No Protection class: _____ Total Area: _____	
Subject	Limit
Building	\$
Contents	\$
Deductible	\$
Business income & extra expense	\$ Coinsurance 80%

Location No.: _____ Bldg No.: _____ Year Built: _____ Occupancy: _____	
Construction: _____ Sprinklers: <input type="checkbox"/> Yes <input type="checkbox"/> No Protection class: _____ Total Area: _____	
Subject	Limit
Building	\$
Contents	\$
Deductible	\$
Business income & extra expense	\$ Coinsurance 80%

Location No.: _____ Bldg No.: _____ Year Built: _____ Occupancy: _____	
Construction: _____ Sprinklers: <input type="checkbox"/> Yes <input type="checkbox"/> No Protection class: _____ Total Area: _____	
Subject	Limit
Building	\$
Contents	\$
Deductible	\$
Business income & extra expense	\$ Coinsurance 80%

Location No.: _____ Bldg No.: _____ Year Built: _____ Occupancy: _____	
Construction: _____ Sprinklers: <input type="checkbox"/> Yes <input type="checkbox"/> No Protection class: _____ Total Area: _____	
Subject	Limit
Building	\$
Contents	\$
Deductible	\$
Business income & extra expense	\$ Coinsurance 80%

STEVEDORES SUPPLEMENTAL APPLICATION

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

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

If yes, please describe:

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

If yes, complete the Terminal Operators supplemental application.

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

4. 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

1. Describe the type of vessels loaded or discharged: _____

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

3. Do you load or discharge any rail cars or trucks? Yes No

If yes, how many: _____

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

5. Do you issue a warehouse receipt for goods in storage? Yes No

If yes, attach a copy.

WHARFINGERS SUPPLEMENTAL APPLICATION

1. Provide the receipts from vessel storage: \$ _____
2. Provide the receipts from shifting or towing of vessels: \$ _____
3. Provide the total number of days vessels are stored during past 12 months:
Barges _____ Towboat/pushboats/tugs _____ Other vessels _____
4. If you do any vessel repair, cleaning or servicing, complete the Ship Repairers supplemental application.
5. If you load or discharge any vessels, complete the Terminal Operators supplemental application.
6. Describe any shifting or towing operations, including distances traveled. _____

7. If shifting or towing operations are performed, are all the towing vessels listed in the Hull Yes No and P&I supplemental applications?
8. Do all vessel storage locations have personnel on premises 24 hours, 7 days a week? Yes No
If no, describe security: _____
9. Of the total vessel days per year, what percentage is vessels loaded with cargo? _____
10. List any exposures (i.e. bridges, docks or terminals) down stream within one mile of each location. _____

SHIP REPAIRER SUPPLEMENTAL APPLICATION

1. Provide total repair receipts for past 12 months: \$ _____
2. Describe type of vessels repaired: _____
3. Describe type of work performed: _____
4. Do you have any gas freeing work? _____
5. Describe dry docking or vessel lifting system used to remove vessels from the water: _____

6. 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? \$ _____
7. Do you do any non-marine work (i.e. metal fabrication or welding not on a vessel)? Yes No
If yes, describe: _____
8. Do you have 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: