



Ocean Marine package policy supplemental application

Agent/broker address	Proposed effective date
Name insured/applicant	Mailing address

List of insured locations

Describe non-marine operation: *(if applicable)*

Please check coverage(s) applied for:	Check all operations that apply
Marine general liability	Marina operator
Marina operations legal liability	Marine contractor
Protection and indemnity	Shiprepairer/marine artisan
Workboat/hull and machinery	Other-please explain
Mobile equipment/tools	
Excess Liability	

Type of company Corporation Individual Joint venture Partnership

Business information

Gross revenue for the last three years:

Estimated revenue for next year:

Of the total revenue, what % is non-marine?

This application may be completed by your broker / agent. If you have insufficient space, attach a separate sheet.

Section I – Marine general liability

1. What % of work is subcontracted?		
2. Do your subcontractors carry Insurance?	Yes	No
3. Do you have contracts extending your liabilities imposed by law?		
4. Does the applicant ever own/operate/charter any watercraft?		
5. Does the applicant have any storage exposure for care, custody, and control of Third Party property other than watercraft?		
6. Any exposure to flammables, chemicals, or explosives?		
7. Do you provide offshore work?		
8. Does the applicant lease equipment to others?		
9. Does the applicant lease any employees from or to others?		
10. Has the applicant's Marine Liability Insurance ever been cancelled or non-renewed?		
11. Do you have a history of violations and/or enforcement actions relative to work in tidal wetlands?		
12. Has the applicant and/or affiliated companies been involved with Bankruptcy proceedings?		

Details of insurance

Desired policy limits

Desired policy deductible

Please attach 3-5 years of loss history, or if no losses, state "none"

Section I A - Shiprepairer/marine artisan supplemental information

Do you provide any of the below services:

1. Conversion/Re-conversion	Yes	No
2. Hot Work/Gas Freeing/ Fuel Line work on Gas/Oil Carriers	Yes	No
3. Underwater Work/Diving/Submarine Activities	Yes	No
4. Manufacturing of any product	Yes	No
5. Professional advise/services/consulting/Drawing Plans/Designs	Yes	No
6. Vessel Construction	Yes	No

Breakdown of Revenue by (%) for type of work provided:

1. Boiler & Machinery %
2. Hull %
3. Electrical %
4. Welding %
5. Painting/Cleaning %

6. Other %

Breakdown of Revenue by (%) for type of vessel worked on:

- 1. Recreational Boats %
 - 2. Tugs & barges %
 - 3. Passenger vessels %
 - 4. Offshore supply vessels %
 - 5. Blue water vessels %
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Section I B - Marine contractor supplemental information

Do you provide any of the below services:

1. Gas Freeing/ Fuel Line Work on explosive carriers	Yes	No
2. Underwater work/Submarine activities/Diving work	Yes	No
3. Infrastructure work - Bridges/Tunnels/Roadways/Excavation/Earth Moving	Yes	No
4. Residential Construction	Yes	No
5. Pollution clean up	Yes	No

Breakdown of Operation by (%) for type of work provided:

- 1. Pile Driving %
 - 2. Seawall construction %
 - 3. Bulkhead/Dock/ Breakwaters building & repair %
 - 4. Lift Installation %
 - 5. Carpentry %
 - 6. Salvage %
 - 7. Dredging %
 - 8. Jetty %
 - 9. Other %
-

List your last five projects

Section I C - Marina operators supplemental information

Do you provide any of the below services:

1. Boat Storage	Yes	No
2. Social Club/Yacht Club	Yes	No
3. Restaurant/Bar	Yes	No
4. Public Access facility such as a Museum	Yes	No
5. Boat Shows	Yes	No
6. Boat Racing/ Recreational Boat Rental	Yes	No

Breakdown of Total Revenue by (%) for type of work provided:

1. Mooring/Slips %
2. Maintenance / Repair %
3. Hauling and Launching Services %
4. Fuel Supply %
5. Boat Storage %
6. Boat Sales %
7. Restaurant Sales%
8. Liquor Sales%
9. Store Sales%
10. Boat/Jet Ski Rental %
11. Boating Training/Instruction%

What is the number of slips/moorings?

What is the average watercraft value in the slips?

Briefly describe the Fire Protection / Prevention in your facility:

Briefly describe the site's security

Section II - Hull and protection and indemnity

Insurance requirements

1. Are quotes needed for Hull coverage?	Yes	No
2. What is the Hull Operation Exposure?		
3. What is the Lay-up Period?		
4. What is the Navigation Area?		
5. What is the Trading Warranty?		
6. Are quotes needed for P&I Coverage?	Yes	No
7. What is the P&I Limit Required?		
8. Does the applicant need Crew Coverage?	Yes	No
9. What is the P&I Bodily Injury Deductible requested?	Less than 3 months	
	3-6 months	
	6-9 months	
	9-12 months	
10. What is the applicant's Operations History?		
11. Has the Insured performed these or similar vessel operations for the past 5 years?	Yes	No
12. Have there been any Hull Losses the Last 5 years?	Yes	No
13. Have there been any P&I Losses including Crew Claims the Last 5 Years	Yes	No
14. Any Additional Info / Attachments please provide here:	Loss runs	Vessel pictures
	Other applications	surveys
	Expiring Surveys	

Section II A – Vessel schedule

Vessel Information:

(Please attach a separate schedule for multiple vessels.)

Named vessel

Vessel sub-type

Vessel type		
Year build		
Hull construction material		
Length (ft.)		
Fuel type		
Total loss only	Yes	No
Insured hull value		
Requested deductible		
P&I	Yes	No
Number of crew		
Attach survey	Yes	No
<i>(if not available, please request and send)</i>		

Section III – Contractor’s equipment

What equipment is being covered?

Travel lift
Small tools
Fork lift
Cranes/derricks
Trailors
Waterborn equipment
Other

What is the total insured value of the equipment?
Please provide itemized equipment schedule (valued in excess of 5,000 each)

What is the average age of the equipment in years?

What is the overall condition of the equipment?

Is there a Formal Maintenance Program for the Equipment?

Is the equipment adequately secured? (e.g. fenced and lighted area, anti-theft device, locked storage etc.)

Is there a daily safety evaluation of all equipment?

What is the average number of years of experience and completeness of training records of the equipment operators?

What is the Loss Experience? (last three years)

How often the equipment used in hazardous operations?

Does the contractor have formalized site assessment program to address hazardous conditions?

Section IV – Excess liability

Does the applicant have in place any other Primary Insurances?

Does the applicant utilize subcontractors?

If so, for what type of work and how often?

Are all subcontractors required to name and waive the Insured and to provide certificates of Insurance?

Does the Insured have any non-marine Liability Losses? Please provide the record for the last 5 years.

Does the insured own any vehicle?

Have there been any automobile liability losses?

I understand that the above information and supplemental information enclosed, which is correct to the best of my knowledge, is to be the basis of insurance if a policy is issued, but does not obligate the applicant to accept the insurance nor oblige the insurer to effect insurance on the risk.

**Applicant/producer
signature :**

Date