

MARINE GENERAL LIABILITY INSURANCE APPLICATION

WHEN FILLING OUT THIS APPLICATION, ALL QUESTIONS MUST BE ANSWERED COMPLETELY. IF A QUESTION IS NOT APPLICABLE TO THE OPERATIONS OF THE COMPANY, PLEASE STATE "N/A". IF THE ANSWER IS NONE, STATE "NONE". IF MORE SPACE IS REQUIRED TO ANSWER A QUESTION COMPLETELY, PLEASE ATTACH A SEPARATE SHEET AND IDENTIFY THE QUESTION TO WHICH IT RESPONDS. LEAVE NO SPACE BLANK.

1. **NAME OF APPLICANT:** _____

2. **FULL ADDRESS (INCLUDE ZIP CODE):** _____

3. **CONTACT NAME:** _____

4. **STRUCTURE OF COMPANY (PLEASE TICK):**
INDIVIDUAL CORPORATION PARTNERSHIP
JOINT VENTURE OTHER

5. **HOW MANY YEARS IN BUSINESS UNDER THE PRESENT MANAGEMENT?** _____
IF LESS THAN 5 YEARS PLEASE STATE PREVIOUS MANAGEMENT: _____

6. **GIVE FULL DETAILS OF TYPE OF WORK / OPERATIONS & ATTACH BROCHURES IF AVAILABLE.**

7. **POLICY PERIOD:** _____ 8. **LIMIT REQUIRED:** _____

9. **GROSS RECEIPTS FOR THE PAST 3 YEARS:**
YR. _____ YR. _____ YR. _____
AND PROJECTED FOR NEXT YR. _____

10. **HOW MANY EMPLOYEES DOES THE APPLICANT HAVE?** FULL TIME _____ PART TIME _____
WHAT IS THE GROSS PAYROLL: _____ USLHWA PAYROLL: _____
PAYROLL NET OF CLERICAL/OFFICERS: _____ JONES ACT P/R: _____

11. **SUB-CONTRACTORS / LEASED WORKERS:**
(a) WHAT % OF WORK IS SUBCONTRACTED OUT? _____%
(b) UNDER WHOSE DIRECTION & CONTROL DO SUBCONTRACTORS WORK?

- (c) WHAT IS THE NATURE OF THE WORK SUBCONTRACTED OUT?

- (d) ARE CERTIFICATES OF INSURANCE OBTAINED FROM SUBCONTRACTORS? YES/NO _____
- (e) PROVIDE DETAILS OF CONTRACTS WHEREBY YOU INDEMNIFY, HOLD HARMLESS OR RELEASE ANOTHER PARTY, & ATTACH A SAMPLE CONTRACT.

WHAT % OF WORK PERFORMED WOULD THIS REPRESENT? _____%

12. **PRODUCTS:**

- (a) DOES THE APPLICANT MANUFACTURE, INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?
YES/NO _____
IF YES, EXPLAIN: _____
- (b) PROVIDE DETAILS OF RESEARCH & DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED.

- (c) DO YOU PROVIDE GUARANTEES OR WARRANTIES FOR PRODUCTS? YES/NO _____
- (d) HAVE ANY PRODUCTS BEEN RECALLED OR DISCONTINUED IN THE LAST 5 YEARS?
YES/NO _____
IF YES, EXPLAIN: _____

13. **ENVIRONMENTAL:**

- (a) GIVE AGE OF STORAGE TANKS, NUMBER & SIZE, CONTENTS, CONSTRUCTION, WHETHER ABOVE OR BELOW GROUND & WHEN LAST SURVEYED:

- (b) DO OPERATIONS INVOLVE STORING, TREATING, DISPOSING, OR TRANSPORTING HAZARDOUS OR WASTE MATERIALS?
YES/NO _____
- (c) ARE TRANSPORTERS, HANDLERS, OR DISPOSAL COMPANIES EPA CERTIFIED & PROPERLY INSURED?
YES/NO _____
- (d) HAVE YOU DURING THE PAST 5 YEARS HAD ANY REPORTABLE RELEASES OR SPILLS OF HAZARDOUS SUBSTANCES, HAZARDOUS WASTE OR ANY OTHER POLLUTANTS, FROM LOCATIONS OWNED OR OPERATED BY YOU, INTO THE ENVIRONMENT? THIS INCLUDES ANY CLAIMS MADE AGAINST YOU [E.G. BY THIRD PARTIES, GOVERNMENTAL AUTHORITIES, OSHA PERMIT VIOLATIONS] FOR CLEAN-UP, BODILY INJURY, OR PROPERTY DAMAGE RESULTING FROM ANY RELEASE OF POLLUTANTS. PLEASE GIVE A BRIEF DESCRIPTION OF ALL SUCH INCIDENTS.
YES/NO _____
IF YES, DESCRIBE : _____
- (e) DO YOU KNOW OF ANY FACTS OR CIRCUMSTANCES WHICH MAY REASONABLY BE EXPECTED TO RESULT IN A CLAIM OR CLAIMS BEING ASSERTED AGAINST YOUR COMPANY FOR ENVIRONMENTAL CLEAN-UP OR RESPONSE, OR FOR BODILY INJURY OR PROPERTY DAMAGE ARISING FROM THE RELEASE OF POLLUTANTS INTO THE ENVIRONMENT?
YES/NO _____

18. **LOSS HISTORY LAST 5 YEARS: IF NO LOSSES, STATE "NONE".** _____

IF APPLICABLE, PLEASE USE SEPARATE LOSS RECORD APPLICATION SUPPLEMENT.

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT NOR THE INSURER TO THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION SHALL FORM THE BASIS ON WHICH THIS POLICY IS ISSUED, AND THE APPLICANT WARRANTS ALL SUCH STATEMENTS TO BE TRUE TO THE BEST OF ITS KNOWLEDGE AND BELIEF. THIS APPLICATION WILL BE APPENDED TO THE POLICY.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PRINT: _____ TITLE: _____