

Marine Comprehensive Liability 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 ANSWER "NOT APPLICABLE" OR "N/A". IF THE ANSWER IS NONE STATE, "NONE". IF MORE SPACE IS REQUIRED TO COMPLETELY ANSWER A QUESTION, PLEASE ATTACH A SEPARATE SHEET OF PAPER AND IDENTIFY THE QUESTION IT RESPONDS TO. LEAVE NO SPACE BLANK.

1. Name of Applicant:

2. Mailing address (including zip code):

Premises Information						
Loc	BLD	Street/City/County/State/Zip	City Limit	Interest	Yr Built	% Occ
			<input type="checkbox"/> Inside <input type="checkbox"/> Outside	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant		
			<input type="checkbox"/> Inside <input type="checkbox"/> Outside	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant		
			<input type="checkbox"/> Inside <input type="checkbox"/> Outside	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant		
			<input type="checkbox"/> Inside <input type="checkbox"/> Outside	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant		
			<input type="checkbox"/> Inside <input type="checkbox"/> Outside	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant		

3. Structure of company (please indicate):

- Individual
- Corporation
- Partnership
- Joint Venture
- Other

4. How many years in business under the present management? _____

If less than 5 years please state previous management:

5. Is the applicant a subsidiary of any other entity or does the applicant have any subsidiaries?

If yes, please describe:

6. Revenues and Payrolls:

	2 ND YEAR PRIOR	EXPIRING YEAR	ANTICIPATED
GROSS REVENUE			
PAYROLL			

7. Give full details of type of work performed & attach brochures, labels, warnings, etc.

8. Policy period: _____

9. Limits requested (choose one)

	Option A []	Option B []	Option C []
A. General Aggregate	\$2,000,000	\$1,000,000	\$1,000,000
B. Products-Completed Ops Aggregate	\$1,000,000	\$500,000	\$300,000
C. Personal & Advertising Injury	\$1,000,000	\$500,000	\$300,000
D. Each Occurrence	\$1,000,000	\$500,000	\$300,000
E. Fire Damage (Any One Fire)	\$50,000	\$50,000	\$50,000
F. Medical Expense (Any One Person)	\$5,000	\$5,000	\$5,000
Deductible: \$ _____			

10. Details of previous CGL/MGL insurance for last 5 years:

Period	Carrier	Type	Limit	Deductible	Annual Premium

Was any policy/coverage declined, canceled or non-renewed? _____

If "Yes", please explain:

11. Sub-contractors/leased workers: (explain all "Yes" responses)

a. What % of work is subcontracted out? _____%

Under whose direction and control do subcontractors work?

b. What is the nature of the work subcontracted out?

c. Are certificates of insurance obtained from subcontractors? Yes No

d. Do subcontractors carry coverages or limits less than yours? Yes No

e. Are subcontractors allowed to work without certificates of insurance? Yes No

f. What % of work involves leased workers? _____%

g. Provide details of contracts whereby you indemnify, hold harmless or release another party, & attach a sample contract – include contracts involving leased workers.

What % of work performed would this represent? _____%

Full time staff: _____ Part time staff: _____ % Subcontracted: _____

12. Products/Completed Operations

Products	Annual Sales	Number of Units	Time Mkt	Exp Life	Intended Use	Principal Components

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/warranties or hold harmless agreements for products? Yes No

If yes, explain: _____

d. Have any products been recalled/discontinued or changed? Yes No

If yes, explain:

e. Are products or others sold/repackaged under the applicant's label? Yes No

If yes, explain:

f. Are products sold under the label of others? Yes No

If yes, explain:

g. Is vendor's coverage required? Yes No

If yes, explain:

h. Does the Named Applicant sell to other Named Applicants? Yes No

If yes, explain:

13. Environmental:

- a. Give details of storage tanks, number & size, contents, whether above or below ground and when last surveyed:

- b. Do operations involve storing, treating, disposing or transporting hazardous materials? Yes No
- c. Are transporters, handlers, or disposal companies EPA certified & properly insured? Yes No
- d. Is there a formal safety program in operations? Yes No
- e. Have you during the past 5 years had any reportable releases or spills or hazardous substances, hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations? Yes No

If Yes, describe in detail:

- f. List all claims made against you during the past 5 years for clean-up or response actions, "Toxic Tort" or other bodily injury, or property damage, resulting from the release of hazardous substances, hazardous waste, or other pollutants, from locations owned or operated by you, into the environment. Provide a brief description of all such claims. If none, so state:

- g. 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

If yes, describe in detail:

14. Fire protection:

Public fire dept.: Paid Volunteer How far distant? _____ Miles
 How many public fire hydrants? _____ Are buildings sprinklered? Yes No

Remarks and/or other fire protection measures taken:

15. Security:

No. of watchmen employed: _____ No. on each shift: _____

Is the yard fenced with guard at gate when yard is operating? Yes No

Does the yard have a security alarm fitted? Yes No

Remarks and/or other security measures taken:

16. General Information:

Explain all "Yes" responses (for all past or present operations)

- a) Any medical facilities provided or medical professionals employed or contracted? Yes/No
- b) Any exposure to radioactive/nuclear materials? Yes No
- c) Any operations sold, acquired, discontinued in the last 5 years? Yes No
- d) Machinery or equipment loaned or rented to others? Yes No
- e) Does applicant use any mobile equipment? Yes No
- f) Any watercraft, docks, floats owned, hired or leased? Yes No
- g) Any parking facilities owned/rented? Yes No
- h) Is a fee charged for parking? Yes No
- i) Recreation facilities provided? Yes No
- j) Is there a swimming pool on the premises? Yes No
- k) Sporting or social events sponsored? Yes No
- l) Any structural alterations contemplated? Yes No
- m) Any demolition exposure contemplated? Yes No
- n) Has applicant been active in or is currently active in joint ventures? Yes No

- o) Is there a labor interchange with any other business or subsidiaries? Yes No
- p) Are day care facilities operated or controlled? Yes No
- q) Is applicant a non-subscriber to any state and/or federal workers compensation statutes? Yes No
- r) Has the applicant or any predecessor company filed for bankruptcy protection in the last 5 years? Yes No
- s) Does the applicant do any blasting or use explosives? Yes No

17. Loss History: List all claims/occurrences made against you during the past 5 years resulting from operations covered by this form of policy. If "none", state "none".

Date Occ	Type/Desc. Of Occurrence/Claim	Date Claim	Paid	Reserve	Status

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

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT SIGNATURE: _____ DATE: _____