

Marine Liability Insurance Application

I. PREMISES

- a) Name of Applicant and all affiliated companies, domestic and foreign:

- b) Additional Assureds to be covered:

- c) Mailing Address:

- d) List and describe all locations owned, rented, or controlled by the Applicant (state whether factory, warehouse, office, yards, terminals, etc.):

- e) State the interest of the Applicant in all occupied premises (owner, general lessee, or tenant). If jointly occupied, identify the part occupied by the Applicant and designate locations to which Landlord's Protective Rule applies:

- f) Does the Applicant plan any structural alterations, construction, or demolition operations at any location? If so, please describe.

II. OPERATIONS

Projected

Expiring

a) Annual Advertising Expenditure	_____	_____
Annual Sales	_____	_____
Gross Receipts	_____	_____
Payroll	_____	_____
No. of Employees (excluding Shipboard)	_____	_____
No. of Employees (including Shipboard)	_____	_____
Throughput (if applicable)	_____	_____
No. Years in Business (current)	_____	_____

b) Give a complete description of the Applicant’s business or operations (attach brochures and annual reports if available):

c) If applicant is involved in the manufacture, distribution, or installation of any product, please describe and attach products brochures and other pertinent materials:

d) Is the Applicant engaged in any phase of nuclear energy or defense work? If so, describe and give revenues:

e) Does the Applicant do any blasting or use explosives?

f) Does the Applicant store or use any explosive or hazardous substances on the premises?

g) Does the Applicant use mobile equipment?

III. LIABILITY EXPOSURES

- a) Provide details and attach copies of any contractual liability agreement or general agency agreement:

- b) Give number of any employed doctors, nurses, etc. and explain if the Applicant operates a hospital:

- c) Give details of any railroads owned, maintained, or operated by the Applicant:

- d) Describe any exposures under the following:

	Insurance Limit	Premium	Payroll
Longshoremen's & Harborworker's Act			
Federal Railroad Employees Act			
Admiralty or Jones Act			

- e) Describe any watercraft according to following specifications. If any non-owned vessels are used, please explain and identify:

Vessel	Year Built	Dimensions	GRT	No. of Crew

- f) List all media used in advertising and state whether an advertising agency is used:

IV. INSURANCE DETAILS

a) Give details of losses incurred in excess of \$5,000, whether insured or not, over the past five years:

b) Describe the largest claim ever made against the Applicant:

c) List total losses paid during current primary policy period (indicate whether auto, general, products, other):

d) List other liability insurance carried by the Applicant:

Name of Carrier	Type of Insurance	Period	Annual Premium	Losses

e) Please provide details of any specific limitations or exclusions in primary insurance:

f) Limits requested:

	Each Person	Each Accident	Annual Aggregate
Property Damage			
Bodily Injury			

g) What is the requested attachment date?

BROKER _____

DATE _____

APPLICANT _____

TITLE _____

DATE _____