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MARINE CONTRACTORS LIABILITY APPLICATION

Name of Applicant: _____

Mailing Address: _____

Business Address: (if different than above) _____

Inspection: (Contact/Phone) _____

Years in Business Under Present Ownership: _____

Loss Payee(s): _____

Proposed Effective Dates of Coverage: From: _____ To: _____

Coverages Applied for: Marine General Liability Protection and Indemnity Mobile Equipment
 Tools Workboats Other

Additional Coverages Applied for Under Separate ACORD application: Property Workers Compensation Umbrella/Bumbershoot

Also include ACORD 125 (information section)

GENERAL INFORMATION

1. Location(s) of Facility: A. _____
B. _____
C. _____

2. Protection: Lights Chains Fully Fenced Watchman Service Breakwater
 Certified Central Station Alarm Alarm System (not certified) Other: _____

3. Describe Hurricane Emergency Plan:

4. Regular Snow Removal Plan in Effect for Roofs and Access Ways: Yes No
If yes, describe: _____

5. Location of Risk Relative to Large Body of Water: _____

LOSS INFORMATION

1. Describe Any Losses Within the Past Five Years Including the Amount Paid:

2. What Action Has Been Taken to Prevent Future Occurrences:

3. Present Insurance Carrier: _____
Expiring Premium(s) \$ _____

4. Any Policy Coverage Declined, Canceled or Non-Renewed: Yes No If yes, explain:

MARINE GENERAL LIABILITY

1. Description of Marine Operations:

2. Description of Non-Marine Operations:

3. Breakdown of Operations: (Gross Receipts)

Pile Driving	\$ _____	Dock Building/Repair	\$ _____
Seawall Construction	\$ _____	Salvage Operations	\$ _____
Jetty Construction	\$ _____	Dredging Operations	\$ _____
Other (please describe):	_____		\$ _____
Non-Marine Work done (please describe):	_____		\$ _____
Other (please describe):	_____		\$ _____

4. Limits Desired: (select one column)

<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$500,000	Each Occurrence, Includes Sudden & Accidental Pollution Coverage (\$25,000 Deductible)
1,000,000	500,000	Products/Completed Operations
1,000,000	500,000	Personal & Advertising Injury
1,000,000	500,000	Protection & Indemnity Indicate Number of Vessels: _____
2,000,000	1,000,000	General Aggregate (Combined Single Limit)
100,000	100,000	Fire Legal Liability
5,000	5,000	Medical Payments Limit

5. Gross Receipts Last 12 Months (all locations combined): \$ _____

6. Deductible Desired: \$ 2,500 \$5,000 \$10,000 Sudden & Accidental Pollution Coverage: \$25,000 Deductible

7. Describe Exposure to Flammables, Chemicals or Explosives:

8. Any Blasting Operations or Explosive Storage: Yes No

9. Any Excavation, Tunneling or Earth Moving Operations: Yes No If yes, how frequently: _____

10. Any Bridge Work: Yes No If yes, how frequently: _____ What type: _____

11. Does Applicant Draw Plans, Designs or Specifications: Yes No If yes, how frequently: _____
What type: _____

12. Does Applicant Lease Equipment to Others: Yes No With Operators Without Operators
If yes, how frequently: _____ What type of equipment: _____

13. Does Applicant Lease Employees To and From Other Employers: Yes No
If yes, how frequently: _____ What type of employees: _____

14. Subcontractors
Type of Work Subcontracted Out: _____ Percentage of Work Subcontracted Out: _____ %
Do Subcontractors Carry Coverages or Limits Less than \$1,000,000: Yes No

Does Applicant Require Certificates of GL/Products and Workers Compensation Insurance from All Subcontractors: Yes No

15. Any Contractors Either Limiting or Extending the Liabilities Imposed by Law: Yes No
If yes, describe: _____

16. Any Formal Safety Programs in Effect: Yes No If yes, describe and attach a copy:

PROTECTION AND INDEMNITY

1. Number of Owned Boats _____ Leased Vessels: _____ Limit Desired: \$ _____

WORKBOATS

AGE	LENGTH	MANUFACTURER	SERIAL NUMBER	H.P.	VALUE
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

2. Describe Usage of Vessels: _____
Any passenger carrying vessels: Yes No If yes, describe: _____

3. Navigation Area: _____

4. Deductible: (\$1,000 minimum) \$ _____ Lay-Up: From: _____ To: _____

MOBILE EQUIPMENT - PHYSICAL DAMAGE COVERAGE

1. List all mobile equipment to be insured hereunder:

YEAR	MAKE & MODEL	SERIAL NUMBER	VALUE
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

2. Is Any Equipment Used Off Premises: Yes No If yes, for what purpose: _____

3. Deductible: (\$500 minimum) \$ _____

TOOLS

1. Tools belonging to the Employer: Maximum any one item \$ _____ Total Value \$ _____

2. Deductible (\$500. minimum): \$ _____

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by MPG may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for 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.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's

Signature: _____

Date: _____

Print Name: _____

Title: _____