

MARINE UMBRELLA APPLICATION

GENERAL INFORMATION

1. Named Insured:	
2. Address:	
3. Location Address:	
4. Type of business:	Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/>
5. Do you have a formal safety program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Effective Date:	
7. Limits Required	\$
8. Self-Insured Retention:	\$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> Other \$ _

LOSS HISTORY

9. Loss history for Past 5 Years:	
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COMPANY AND AFFILIATED COMPANIES INFORMATION

Name of Entity	Description of Operations	Estimated Gross Receipts	Years in Business (If new business, attach resume)
10.			

List all premises occupied but NOT OWNED by the applicant with value in excess of \$25,000

Description	% Occupied	Estimated Value	80% Building Fire Rate
11.		\$	
		\$	
		\$	
12. Personal property in applicant's care, custody or control where value exceed \$25,000			

CONTRACTUAL AND PRODUCTS LIABILITY

13. Give details of written agreements other than those automatically covered by M & C Policy	
14. List Products	Manufactured <input type="checkbox"/> Sold <input type="checkbox"/> Distributed <input type="checkbox"/>



LIG Marine Managers

490 1st Ave S, Suite 150, St. Petersburg, FL 33701

(727) 578-2800

SUBMIT@LIGMarine.com www.LIGMarine.com

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PROFESSIONAL LIABILITY MALPRACTICE

15. Give details of any activities which might involve malpractice and/or errors and omissions exposures

RAILROAD OPERATIONS

16. Give details of any railroads owned, maintained or operated by applicant

AUTOMOBILE EXPOSURE

17. Automobile Exposure Yes No

Type	Number	Operating Radius	Cargoes Carried	State Licensed
Trucks				
Tractors				
18. Trailers				
Tankers				
Vans & Pickups				
Private Passenger				

19. List the number and type of other vehicles not licensed for public road use (earthmovers, bulldozers, cranes, etc.)

20. Are flammables and/or explosive substances carried? Yes No

If yes, please provide full details:

AIRCRAFT EXPOSURE

21. Do you own/lease/charter any aircraft? Yes No

If yes, please provide full details:

BLASTING AND/OR EXPLOSIVES

22. Does the applicant do any blasting and/or explosives? Yes No

If yes, please provide full details:

VESSEL OPERATIONS

23. Does the applicant ever charter or lease vessels? Yes No
If yes, complete schedule below.

If yes, please provide full details:

24. Does the applicant own, operate, or charter any private pleasure craft? Yes No

If yes, please provide full details:



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MARINE EXPOSURES

List below any landing, pier, wharf or dock leased or operated by the applicant where non-owned vessels come under the care, custody or control of the applicant.

Location	Type of Vessel	Estimated Annual Vessel Days	Type of Operation	Estimated Gross Receipts
25.				\$
				\$
				\$

Describe below any marine terminal or stevedore operation of the applicant.

Location	Type of Operation	Gross Receipts
26.		\$
		\$
		\$

Describe below any shipbuilding, shiprepairing, or barge cleaning operation of the applicant.

Location	Type of Operation	Gross Receipts
27.		\$
		\$
		\$

28. Does the applicant engage in any gas freeing? Yes No Gross receipts \$ _____
 If yes, please provide full details:

SCHEDULE OF UNDERLYING INSURANCE

29. Has any underlying coverage been cancelled or nonrenewed within the last five years? Yes No
 If yes, please provide full details:

30. Are there any other material facts that should be disclosed to the underwriters? Yes No
 If yes, please provide full details:

31. IMPORTANT: Are there any unusual or nonstandard exclusions in the above policies which would materially affect consideration of the risk? Yes No
 If yes, please provide full details:



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SCHEDULE OF UNDERLYING INSURANCE CONT'D

Non-Marine Exposures

Type	Insurance Company	Effective Date	Expiration Date	Policy Limits	Premium
General Liability*				\$	\$
Products Liability				\$	\$
32. Automobile				\$	\$
Employer's Liability				\$	\$
International				\$	\$
Other (Specify)					

*Is General Liability on a claims made or occurrence basis? _____

Marine Exposures

Type	Insurance Company	Effective Date	Expiration Date	Policy Limits	Premium
Marine General Liability				\$	\$
Protection & Indemnity				\$	\$
Collision/Towers				\$	\$
Pollution				\$	\$
Bailee (Specify)				\$	\$
Shiprepairers				\$	\$
Maritime Employers Liability				\$	\$
Other (Specify)					

I/we hereby declare that the above information and particulars are true and I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with underwriters if issued.

APPLICABLE IN FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Insured

Signature: _____

Title: _____

Print Name: _____

Date: _____

Agent

Signature: _____

Title: _____

Print Name: _____

Date: _____



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