

# COMMERCIAL MARINE GENERAL INFORMATION & APPLICATION

## GENERAL INFORMATION AND OPERATIONS

1. Named Insured:	
2. FEIN Number:	
3. Insured's Mailing Address:	
4. Location of Premises:	
5. Name and Phone Number of Inspection Contact:	
6. Effective Date:	
7. Complete Description of Operation:	
8. TYPE OF WORK:	RECEIPTS:
	\$
	\$
	\$
	\$
	\$
TOTAL ALL OPERATIONS	\$
9. Do you have a Formal Safety Program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Type of Clients:	
11. On what types of vessels will you work?	
12. Describe any hazardous chemicals, flammable or explosives used:	
13. Is there any work performed on vessels that would require gas freeing? <i>(If yes, please provide details of gas free certification process)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Years in Business: <i>(If new, please attach resume of all principals to document experience)</i>	
15. Has insured and/or its affiliated companies been involved in bankruptcy proceedings?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, specify on a separate sheet)</i>

## FIVE YEARS LOSS RECORD

16. See loss runs attached if checked:		<input type="checkbox"/>		
Date of Loss	Location of Accident	Details of Accident	Gross Amt. of Loss Before Any Deductible	Current Status Paid or Outstanding



**LIG Marine Managers**

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## CURRENT/UNDERLYING COVERAGE IN FORCE

17. Has any coverage been declined, cancelled, or nonrenewed within the last five years?  
(If yes, please provide full details) Yes  No

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

19. **Non-Marine Exposures:**

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

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

20. **Marine Exposures:**

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

21. **Other Coverages:**

Type	Insurance Company	Effective Date	Expiration Date	Policy Limits	Premium
Hull				\$	\$
Equipment				\$	\$
Umbrella				\$	\$
Other (Specify)				\$	\$



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## SUBCONTRACTING

22. Do you subcontract work out? <i>(If yes, please provide the amount and describe)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
23. Are certificates of insurance required from subcontractors? <i>(If yes, please provide the limit minimum)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## EMPLOYEE/LABOR FORCE

24. a) Number of Employees:				
b) Annual Wage-Roll for the Past 3 Years and Projected for the Next 12 Months:	YR.	YR.	YR.	Projected
	\$	\$	\$	\$
c) What percentage of your labor force consists of the following:				
(i) Your own employees:	% Full-Time		% Part-Time	
(ii) Independent companies contracted in:	%			
(iii) Local authority/employer's association labor pools:	%			
Are you responsible for the acts of categories(ii) and (iii) above? <i>(If no, please provide details)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>			

## DISCLOSURE

25. Are there any other material facts that should be disclosed to the underwriters? <i>(If yes, please provide full details)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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I/we hereby declare that the above information and 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.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



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