

LIG MARINE PACKAGE

ELIGIBILITY	Marine Contractors, Boat Repairers, Stevedores, Terminal Operators, Wharfingers and all commercial marine industries.
COVERAGE & LIMITS	<p>Section 1 - \$1,000,000 CSL</p> <p>Marine General Liability Ship Repairer's Legal Liability Stevedores/Terminal Operators Liability Tankermans Liability Wharfingers/Landing Owners Legal Liability Protection and Indemnity with option to include crew when needed</p> <p>Section 2 - up to \$4,000,000 combined limit & higher</p> <p>Hull Equipment Builders Risks</p> <p>In addition we can provide - up to \$10,000,000 Excess or Umbrella under the same program</p>
MINIMUM PREMIUM	<p>\$25,000 if written Monoline \$10,000 if written in conjunction with other supporting lines</p>
SECURITY	A Rated Domestic Licensed Companies
PROGRAM FEATURES	<p>Designed to provide top service combined with aggressive pricing Targeted for Commercial Marine risks between \$10,000 and \$200,000 premium Increased commissions available for a flow of business Simple, quick quote process Most sections available monoline or with any combination of other coverages</p>

SUBMISSION WORKSHEET

GENERAL INFORMATION

Name of Insured:			
Anticipated Eff Date:		Quote Needed by:	
Name of Agent:		Name of Agency:	
Agent's Telephone:		Agent's Email:	
Relationship:	Retailing <input type="checkbox"/> Wholesaling <input type="checkbox"/>		
Do you currently write this risk?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

CURRENT COVERAGE

Section/Coverage	Insurer	Limit	Deductible	Premium	Rate
MGL					
P&I (ex crew/cargo)					
P&I Crew Only					
MEL					
Hull					
Equipment					
Umbrella					

Are Current Companies Offering Renewal? Yes No

If YES, what are Terms Offered, If NO, Why?

TO WHAT OTHER MARKETS HAS THIS RISK BEEN SUBMITTED, WHAT OTHER QUOTES DO YOU/INSURED HAVE?

Section/Coverage	Insurer	Limit	Deductible	Premium	Rate
MGL					
P&I (ex crew/cargo)					
P&I Crew Only					
MEL					
Hull					
Equipment					
Umbrella					

WHAT TERMS DO YOU NEED TO SECURE THE ORDER?

Section/Coverage	Limit	Deductible	Premium	Rate	Notes
MGL					
P&I (ex crew/cargo)					
P&I Crew Only					
MEL					
Hull					
Equipment					
Umbrella					



MARINE PACKAGE APPLICATION

GENERAL INFORMATION

1. Named Insured:	
2. Insured's Mailing Address:	
3. Location of Premises:	
4. Loss history for Past 5 Years:	
5. Complete Description of Operation:	
6. Do you have a Formal Safety Program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
TYPE OF WORK	RECEIPTS
	\$
	\$
7.	\$
	\$
	\$
TOTAL ALL OPERATIONS	\$
8. Type of clients:	
9. On what types of vessels will you work?	
10. Percentage work on/off premises?	% ON % OFF
A. Average value of vessels worked on:	
11. B. Max. value of vessels worked on:	
C. Max. value of ALL vessels in yard at one time:	
A. Do you install, service or demonstrate products?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Any foreign products sold, distributed, used as components.	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Guarantees, warranties, hold harmless agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. D. Products recalled, discontinued, changed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
E. Products of others sold or repackaged under applicant's label?	Yes <input type="checkbox"/> No <input type="checkbox"/>
F. Products under label of others?	Yes <input type="checkbox"/> No <input type="checkbox"/>
G. Sporting or social events sponsored?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please explain any "Yes" answers above:	
13. Is all work being carried out in accordance with the local authority and fire regulations?	



MARINE PACKAGE APPLICATION

..... CONT'D	
14. Describe any hazardous chemicals, flammable or explosives used:	
15. Is there any work performed on vessels that would require gas freeing? (If yes, please produce details of gas free certification process)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, details:
16. Years in business: (If new, attach resume of all principals to document experience)	
17. A. Do you subcontract work out?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, amount: \$ Describe:
B. Are certificates of insurance required from subcontractors:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what limit Min? \$
18. Name & phone # of contact person for inspection & additional information, if any:	

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.

Signature: _____

Title: _____

Print Name: _____

Date: _____



LIG Marine Managers

111 2nd Ave. NE, Suite 1101, St. Petersburg, FL 33701

(727) 578-2800

SUBMIT@LIGMarine.com

www.LIGMarine.com

SUPPLEMENTAL QUESTIONS FOR HULL, P & I AND EQUIPMENT COVER

VESSELS

Name	Type	Age	Dimensions	Tonnage	Hull Sum Insured	P & I Required?
1.						Yes <input type="checkbox"/> No <input type="checkbox"/>
2.						Yes <input type="checkbox"/> No <input type="checkbox"/>
3.						Yes <input type="checkbox"/> No <input type="checkbox"/>
4.						Yes <input type="checkbox"/> No <input type="checkbox"/>
5.						Yes <input type="checkbox"/> No <input type="checkbox"/>
6.						Yes <input type="checkbox"/> No <input type="checkbox"/>

If Crew coverage is desired, please advise maximum # of Crew working on ALL vessels at any one time:

19.

EQUIPMENT

Make / Model	Year	Value
1.		
2.		
3.		
4.		
5.		
6.		

20. Loss History for last 5 years for Hull & Equipment:

21. Where are vessels/equipment stored when not in use?

22. What security or other protections are there at this location?

23. Do you have a written storm/hurricane plan to protect your vessel/equipment?

Yes No



MARINE UMBRELLA SUPPLEMENT

GENERAL INFORMATION

24. Named Insured:	_____
25. Limit Required:	\$ _____
26. Number of vehicles owned:	A. Heavy Trucks: B. Light Trucks: C. Private:
27. Any owned aircraft?	Yes <input type="checkbox"/> No <input type="checkbox"/>
28. Details of all liability losses greater than \$50,000 in last 5 years:	_____

SCHEDULE OF UNDERLYING CARRIERS

	Section	Insurer	Limit (s)	Eff/Ex Dates	Deductible	Premium
	Marine General Liability					
	Employers Liability					
29.	Protection & Indemnity					
	Automobile Liability					
	Maritime Employers Liability					
	O.P.A.					
	International					

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