

# MARINE UMBRELLA APPLICATION

## GENERAL INFORMATION

1. Named Insured:				
2. Address:	Street	City	State	Zip
3. Location Address:	Street	City	State	Zip
4. Number of years in business:	If new business, attach resume			
5. Please provide full description of Operations:				
6. Do you have a formal safety program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
7. Receipts:				
8. Payroll:				
9. Number of employees:				
10. Effective Date:				
11. Amount and Type of work subcontracted:				
12. Type of clients:				
13. Describe any hazardous chemicals, flammables, or explosives used:				
14. Any owned aircraft?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
15. Details of owned/operated vessels:				
16. Is crew coverage included in your P&I insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
16. If yes, how many?				
17. Details of any liability losses >\$50,000 in last 5 years:				
18. Limit required:				

## VEHICLE SCHEDULE

Heavy Trucks	
Medium Trucks	
19. Light Trucks	
Trailers	
Private	



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## SCHEDULE OF UNDERLYING CARRIERS

Section	Insurer	Limit(s)	Effective Date	Expiration Date	Deductible	Premium
Marine General Liability						
E.L.						
20. P & I						
Automobile						
MEL						
Pollution						
International						

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.

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

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

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

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

