

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

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

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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?
(If yes, please provide the amount and describe) Yes No
23. Are certificates of insurance required from subcontractors?
(If yes, please provide the limit minimum) Yes No

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?
(If no, please provide details) Yes No

DISCLOSURE

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

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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