

SUBMISSION WORKSHEET

Name of Insured			
Anticipated eff date		Quote needed by	
Name of Agent		Name of Agency	
Agent's telephone			
Are you Retailing <input type="checkbox"/> or Wholesaling <input type="checkbox"/> this risk		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 <input type="checkbox"/> NO <input type="checkbox"/>		
If YES what are terms offered, if NO why?					

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

Section/Coverage	Insurer	Limit	Deductible	Premium	Rate

WHAT TERMS DO YOU NEED TO SECURE THE ORDER

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

LIG Marine Managers

111 2nd Ave NE, Suite 1101, St. Petersburg, FL 33701
(727) 578-2800

SUBMIT@LIGMarine.com www.LIGMarine.com

MARINE GENERAL LIABILITY COVER PACKAGE APPLICATION

1.	Insured's name:		
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"/>	
7.	TYPE OF WORK	RECEIPTS	
		\$	
		\$	
		\$	
		\$	
		TOTAL ALL OPERATIONS	\$
8.	Type of clients:		
9.	On what types of vessels will you work?		
10.	Percentage work on/off premises?	% ON	% OFF
11.	A) Average value of vessels worked on:	A)	
	B) Max. value of vessels worked on:	B)	
	C) Max. value of ALL vessels in yard at one time:	C)	
12.	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"/>	
	D. Products recalled, discontinued, changed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	E. Products of others sold or repackaged under applicants 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:		



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13.	Is all work being carried out in accordance with the local authority and fire regulations?	
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 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.

Signature:

Title:

Print Name:

Date:



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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"/>

EQUIPMENT

Item #	Make/ Model	Year	Value
1			
2			
3			
4			
5			
6			

Loss History for last 5 years for Hull & Equipment:

19.	Where are vessels/equipment stored when not in use?	
20.	What security or other protections are there at this location?	
21.	Do you have a written storm/hurricane plan to protect your vessel/equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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MARINE UMBRELLA SUPPLEMENT

GENERAL INFORMATION

1. Named Insured:			
2. Limit Required:	\$		
3. Number of vehicles owned:	A) Heavy Trucks:		
	B) Light Trucks:		
	C) Private:		
4. Any owned aircraft?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Details of any and all liability losses greater than \$50,000 in last 5 years			

SCHEDULE OF UNDERLYING CARRIERS

6. SECTION	INSURER	LIMIT(S)	EFF/EX DATES	DEDUCTIBLE	PREMIUM
Marine General Liability					
Employers Liability					
Protection & Indemnity					
Automobile Liability					
Maritime Employers Liability					
O.P.A.					
International					

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

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Title:

Signature:

Date:



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