



Marine Business Owners Policy

Brokerage

Please Check Coverage(s) Applied For:

Marine General Liability Hull Protection & Indemnity Equipment/Tools Excess Liability

General Information

Name Insured/Applicant: _____

Street Address: _____ Suite/Floor: _____ City: _____ State: _____ ZIP Code: _____

Effective date of proposed coverage: _____

List of Insured Locations: _____

The Applicant is:

- Ship Repairer/Shipbuilder Marine Construction Marine Artisan Marine Contractor
- Consultant/Inspector (Explain) _____
- Scientific/Research/Educational Activities (Explain) _____
- Other - (Specify) _____

Inspection Contact/Phone Number/E-Mail: _____

Section 1 - Marine General Liability

Estimated revenue for next year: _____

Describe operations:

Describe any non-marine work and % towards total revenues:

Does the applicant ever own/operate/charter any watercraft? Yes No

If yes, please complete Sections 2 and 3.

Do insured employees work on offshore drilling or production facilities? Yes No

Do insured employees do any diving work? Yes No

Do you have a commercial auto policy? Yes No

Please provide loss history for the past 3-5 years. (If none, please state none): _____

Are subcontractors used? Yes No

If yes, what % of work is subcontracted? _____%

Are subs required to name the applicant as an Additional Insured on their liability policy? _____

Do the subs sign an indemnification agreement/hold harmless agreement in the insured favor? _____

Are subs required to furnish Certificates of Insurance? _____

Section 1a - Shiprepairer/Marine Artisan/Shipbuilders Supplemental Information

Indicate breakdown of Revenue by (%) for type of vessel worked on:

- | | | | |
|---|--------|--|--------|
| <input type="checkbox"/> Recreational Boats | _____% | <input type="checkbox"/> Offshore supply vessels | _____% |
| <input type="checkbox"/> Tugs & barges | _____% | <input type="checkbox"/> Blue water vessels | _____% |
| <input type="checkbox"/> Passenger vessels | _____% | | |

Section 1b - Marine Contractor Supplemental Information

Indicate breakdown of Revenue by (%) for type of vessel worked on:

- | | | | |
|---|--------|--|--------|
| <input type="checkbox"/> Pile Driving | _____% | <input type="checkbox"/> Carpentry | _____% |
| <input type="checkbox"/> Seawall construction | _____% | <input type="checkbox"/> Salvage | _____% |
| <input type="checkbox"/> Bulkhead/Dock/ Breakwaters building & repair | _____% | <input type="checkbox"/> Dredging | _____% |
| <input type="checkbox"/> Lift Installation | _____% | <input type="checkbox"/> Other (Specify) | _____% |
| <input type="checkbox"/> Jetty | _____% | | |

Electrical, hull, etc. – create check list for Ship repairers like for marine contractors: _____

Indicate percentage of work performed in:

Commercial: _____% Residential: _____% Renovation: _____% New Construction: _____%

Describe your last five jobs (include dates):

1	
2	
3	
4	
5	

Section 2 - Hull & Protection & Indemnity

Describe how vessels are used:

Does the applicant need crew coverage?

Yes No

What is the crew exposure?

Less than 3 Months 3 - 6 Months 6 - 9 Months 9 - 12 Months

What are the number of crew? _____

Schedule of Vessels

Please attach a separate schedule for more information.

#	DESCRIPTION	VALUE	DEDUCTIBLE	RATE	PREMIUM
1		\$	\$		\$
2		\$	\$		\$
3		\$	\$		\$
4		\$	\$		\$
5		\$	\$		\$
TOTAL PREMIUM					\$

Section 3 - Contractor's Equipment

What is the Total Insured Value of Miscellaneous Equipment (valued less than \$5,000 individually)? \$ _____

Schedule of Equipment/Tools For Items Valued Greater Than \$5,000

Please attach a separate schedule for more information.

#	DESCRIPTION	VALUE	DEDUCTIBLE	RATE	PREMIUM
1		\$	\$		\$
2		\$	\$		\$
3		\$	\$		\$
4		\$	\$		\$
5		\$	\$		\$
TOTAL PREMIUM					\$

Is the equipment adequately secured (e.g. fenced and lighted area, anti-theft device, locked storage etc.)? Yes No

Is there a daily safety evaluation of all equipment? Yes No

Section 4 - Excess Liability

Limits Requested: \$1,000,000 XS

Schedule of Underlying Coverages

Please attach a separate schedule for more information.

#	POLICY #	CARRIER	COVERAGE	POLICY PERIOD	LIMITS (or amount) of insurance)
1					
2					
3					
4					
5					

I understand that the above information and supplemental information enclosed, is correct to the best of my knowledge, is to be the basis of insurance if a policy is issued, but does not obligate the Applicant to accept the insurance nor oblige the insurer to effect insurance on the risk.

Producer/Applicant Signature

Date