



## COMMERCIAL MARINE PACKAGE POLICY APPLICATION

Name of Insured:		
Mailing Address:		Web:
City:	State:	Zip:
Applicant is a : <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other		
Policy Period: From:		To:
Person to contact for inspection:		
Phone #:	Email:	

Producer's Name:		
Mailing address:		Email:
City:	State:	Zip:

Schedule of Covered Operations (Policy terms state that only those operations scheduled are covered) Check all that apply to your operations.			
Operation:	Receipts (past 12 mo.)	Operation:	Receipts (past 12 mo.)
<input type="checkbox"/> Vessel repair (commercial)	\$	<input type="checkbox"/> Stevedoring	\$
<input type="checkbox"/> Boat repair (private pleasure watercraft)	\$	<input type="checkbox"/> Terminal operations	\$
<input type="checkbox"/> Vessel construction (commercial)	\$	<input type="checkbox"/> Wharfingers	\$
<input type="checkbox"/> Boat construction (private pleasure boats)	\$	<input type="checkbox"/> Bridge repair or construction	\$
<input type="checkbox"/> Boat lift installation	\$	<input type="checkbox"/> Pile driving	\$
<input type="checkbox"/> Pier, wharf, dock, seawall construction or repair (complete supplemental app)	\$	<input type="checkbox"/> Passenger Vessel operation	\$
<input type="checkbox"/> Dredging / excavation	\$	<input type="checkbox"/> Other – describe fully below	\$
Describe any and all of your non-marine operations and provide receipts from those operations.			
Describe "Other" operations from above.			

Schedule of Covered Locations (Policy terms state that only those locations scheduled are covered)	
1.	
2.	
3.	
4.	

**General Information**

Does this application include all your Operations, Locations and Vessels and affiliated and subsidiary companies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain:	
Number of years in business.	Years under current management:
Number of full-time employees.	Number of part-time employees.
Present insuring company:	
What are your current premiums?	
Is the insured a subsidiary of any other entity or does the insured have any subsidiaries? If yes, please describe.	
Has any company ever cancelled or non-renewed any insurance being applied for in this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give the company, date of cancellation and reason for cancellation.	
Has the insured ever declared bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you subcontract out any work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes:	
Type of work subcontracted out	
Cost of subcontracted work \$	
Do you obtain a hold harmless / indemnity agreement from subs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you obtain Certificates of Insurance with limits equal to your limits? <input type="checkbox"/> Yes <input type="checkbox"/> No (Policy provisions reduce your limit of coverage if sub contractors fail to have coverage or have limits less than yours)	

**REQUESTED COVERAGES, LIMITS AND DEDUCTIBLES**

**Section I – Commercial Marine Liability Coverages**

COMBINED SINGLE LIMITS (applicable to all Section I Coverage Parts)				
• Each Occurrence (in 000's)	<input type="checkbox"/> \$100	<input type="checkbox"/> \$300	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000
• General Aggregate (in 000's)	\$200	\$600	\$1,000	\$2,000
• Products/Completed Operations Aggregate (in 000's)	\$100	\$300	\$500	\$1,000
• Medical Payment Limit of Insurance	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000		
• Damage to premises rented to you Limit of Insurance	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000		
COMBINED SINGLE DEDUCTIBLE	\$ ( \$1,000 minimum)			

Coverages Requested:	
<input type="checkbox"/> Marine General Liability	<input type="checkbox"/> Protection & Indemnity
<input type="checkbox"/> Hired/non-owned auto end.	<input type="checkbox"/> Crew coverage end.
<input type="checkbox"/> Employee Benefit Liability end.	<input type="checkbox"/> Cargo liability end.
<input type="checkbox"/> Stop Gap end.	<input type="checkbox"/> Chartered/rented vessel end.
<input type="checkbox"/> Ship Repairer Liability	<input type="checkbox"/> Bailee end.
<input type="checkbox"/> Traveling workman end	<input type="checkbox"/> Stevedore's Liability
<input type="checkbox"/> Other work end.	<input type="checkbox"/> Terminal Operator's Liability
<input type="checkbox"/> Reconstruction/conversion end.	<input type="checkbox"/> Wharfingers' Liability
<input type="checkbox"/> Tankerman's Liability	<input type="checkbox"/> Demurrage coverage endorsement
<input type="checkbox"/> Pollution Liability	

**Section II – Hull Physical Damage Coverages**

Coverages Requested:	
<input type="checkbox"/> Hull Physical damage	<input type="checkbox"/> Hull Builders Risk physical damage

**Section III – Property Physical Damage Coverages:**

Coverages Requested:	
<input type="checkbox"/> Piers, wharves & docks	<input type="checkbox"/> Fixed Marine property
<input type="checkbox"/> Mobile Equipment	<input type="checkbox"/> Pollution physical damage

Complete the supplemental applications that follow for each coverage requested. Complete only those supplemental applications for which coverage has been requested. Any additional information can be added on the last page of the application.

**MARINE GENERAL LIABILITY SUPPLEMENTAL APPLICATION:**

<b>PRODUCTS EXPOSURES</b>
1. Describe any products liability exposures.
2. Products of others sold or repackaged under applicant’s label? <input type="checkbox"/> [ ] es <input type="checkbox"/> P o. If yes, explain
3. Products recalled, discontinued or changed? <input type="checkbox"/> [ ] es <input type="checkbox"/> P o. If yes, explain
4. Any products manufactured? <input type="checkbox"/> [ ] es <input type="checkbox"/> P o. If yes, list and describe products
5. Does insured install, service or demonstrate products? <input type="checkbox"/> [ ] es <input type="checkbox"/> P o. If yes, explain.
6. Any foreign products sold, distributed or used as components? <input type="checkbox"/> [ ] es <input type="checkbox"/> P o

<b>HIRED/NON-OWNED AUTO LIABILITY</b>
1. Do you own any autos? <input type="checkbox"/> [ ] es <input type="checkbox"/> P o
2. Do you allow use of personal cars for business use? <input type="checkbox"/> [ ] es <input type="checkbox"/> P q
3. How frequently?
4. Are the same drivers/officers usually used? <input type="checkbox"/> [ ] es <input type="checkbox"/> P o
5. Are MVR’s checked annually? <input type="checkbox"/> [ ] es <input type="checkbox"/> P o
6. Do you require proof of personal insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. What limits are required?
8. Number of employees who use their personal cars.
9. Number of underage drivers (<25 yrs).

<b>EMPLOYEE BENEFITS LIABILITY</b>
1. Limits of Insurance requested: ""\$""Each employee;"" ""\$""Aggregate.
2. Employee Benefit Programs which are automatically covered without being specifically listed: Group Life Insurance, Group Accident or Health Insurance, Profit Sharing Plans, Pension Plans, Stock Subscription Plans, Unemployment Insurance, Social Security Benefits, Workers’ Compensation and Disability Benefits. "List any other types of plans for which coverage is desired:
3. Number of people employed by you.
4. Retroactive Date:

5. Number of employees covered by Employee Benefit Plans.
6. Do you maintain a department or unit to (a) administer Employee Benefit Plans, and (b) answer questions and advise employees concerning the Plans? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. On programs permitting employees an option to enroll or not to enroll, do you require a signed acceptance or rejection from each employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. If your Pension Plan and/or Profit Sharing Plan is/are funded with a financial institution, provide details regarding its administration.

<b>LEASED / TEMPORARY WORKERS / SUBCONTRACTORS</b>			
	Leased Workers	Temporary Workers	Independent/ Sub Contractors
Do you utilize?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are indemnity agreements in place in your favor with the provider of?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you named as an alternate employer on the provider's worker comp. policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you obtain certificates of insurance from all providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide workers comp. coverage for these workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What was your cost for this service over the past 12 months?	\$	\$	\$
What minimum General Liability limits do you require from the provider?	\$	\$	\$
* If the answer to this question is yes, attach a copy of the standard agreement / work order used. If no agreement or work order is used, please explain.			

<b>POLLUTION LIABILITY EXPOSURES</b>
Do any of your operations involve the hauling, storage, handling or disposal of any hazardous waste products, including petroleum waste products? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your operations involve the hauling, storage or handling of any chemical or petroleum products? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been involved in either of the operations referred to above? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any fuel storage tanks located on any of the covered locations, including tanks no longer in use? <input type="checkbox"/> Yes <input type="checkbox"/> No

**PROTECTION & INDEMNITY SUPPLEMENTAL APPLICATION:**

If you have any vessels other than those listed in the Hull Supplemental application on which you want P&I coverage, copy the Hull Supplemental application page and list those vessels. If Hull coverage is placed elsewhere on these vessels, indicate the insured hull value in the application and indicate the insurance company providing the hull coverage.

If Crew Coverage option is selected, how many crew are employed?
Experience of employees.
If Cargo Liability Coverage option is selected, describe the type and value of cargo carried:
If Chartered/Rented Coverage option is selected, describe the type of vessel chartered/ rented, normal length of charter/rental period and the value of each type vessel chartered/rented: If any of the vessels carry passengers, provide: (1) USCG certified passenger capacity (2) USCG license(s) for each captain. (attach) (3) Average number of passengers carried each trip (4) Number of trips made per day, week or month (5) Season of operation (6) Nature of operation, i.e. fishing, sightseeing, ferry etc. Is food served? <input type="checkbox"/> [ es <input type="checkbox"/> P o Alcohol? <input type="checkbox"/> [ es <input type="checkbox"/> P o

**HULL SUPPLEMENTAL APPLICATION:**

Schedule of Covered Vessels		
Name:		Type:
Year Built:	Length/ Beam:	GRT:
Material of Hull:	Type Propulsion & HP	Date of last Dry Docking
Hull Value:		Deductible: \$
Location:		

Name:		Type:
Year Built:	Length/ Beam:	GRT:
Material of Hull:	Type Propulsion & HP	Date of last Dry Docking
Hull Value:		Deductible: \$
Location:		

Name:		Type:
Year Built:	Length/ Beam:	GRT:
Material of Hull:	Type Propulsion & HP	Date of last Dry Docking
Hull Value:		Deductible: \$
Location:		

Name:		Type:
Year Built:	Length/ Beam:	GRT:
Material of Hull:	Type Propulsion & HP	Date of last Dry Docking
Hull Value:		Deductible: \$
Location:		

Name:		Type:
Year Built:	Length/ Beam:	GRT:
Material of Hull:	Type Propulsion & HP	Date of last Dry Docking
Hull Value:		Deductible: \$
Location:		

Name:		Type:
Year Built:	Length/ Beam:	GRT:
Material of Hull:	Type Propulsion & HP	Date of last Dry Docking
Hull Value:		Deductible: \$
Location:		

Navigation area of above vessel(s) \_\_\_\_\_

**HULL BUILDERS RISK SUPPLEMENTAL APPLICATION:**

Commercial Vessels:
Describe the Type(s) and size(s) of vessels built:
How many are constructed per year.
What is the completed value for each type vessel?
What is the hull material (i.e. steel, aluminum, fiberglass etc)?
What is the average construction time for each type vessel?
At which location(s) are the vessels built?
Is the construction primarily inside or outside?
Describe any trial trips to be made.
Will there be any owner furnished material used in the construction? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, what is the total value of the owned furnished material?

Private Pleasure Boats:
If available, attach brochure describing boats built. If you have a web site, provide the web address:
Describe the models and sizes of boats built:
How many are built each week, month or year?
What is the completed value of each model?
What is the total value of all boats built in a year?
What is the hull material used? (i.e. fiberglass, aluminum, etc)
Use the Fixed Property supplemental application to list the building in which construction takes place and indicate what operation takes place in each building.
What is the total value of boats transported to customers or dealers each year?
Do you participate in boat shows or other exhibitions where you place boats on display? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, at which shows do you participate?
What is the maximum value of boats at a show?
If you wish to cover your molds, list each mold separately with a value for each in the Mobile Equipment Supplemental application.

**MOBILE EQUIPMENT & TOOLS SUPPLEMENTAL APPLICATION:**

Indicate valuation:  80% ACV  90% Replacement Cost (check one)

Complete the following or attach a schedule:			
Item description	Value	Deductible	Serial Number
1.	\$	\$	
2.	\$	\$	
3.	\$	\$	
4.	\$	\$	
5.	\$	\$	
6.	\$	\$	
7.	\$	\$	
8.	\$	\$	
9.	\$	\$	
10.	\$	\$	
Unscheduled Equipment & Tools Limit (Maximum Limit \$10,000)	\$	\$	\$ Maximum limit any one item
Rented or leased equipment (from others) limit* (\$250,000 is provided without charge)	\$	\$	\$ Maximum limit any one item
Rental reimbursement coverage limit* (\$5,000 is provided without charge)	\$	(\$100,000 max.)	
* If requesting a higher limit, provide rental cost, description and value of rented equipment.			

All equipment over \$1,000 must be scheduled.

How much are you spending on Rental Equipment? \_\_\_\_\_  
 Description of what you are renting and how often. \_\_\_\_\_  
 \_\_\_\_\_

**PIERS, WHARVES & DOCK SUPPLEMENTAL APPLICATION (complete attached supplemental application)**

**MARINE PROPERTY SUPPLEMENTAL APPLICATION:**

Indicate valuation;  80% ACV  90% Replacement Cost (check one)

Location No.	Bldg No.	Year Built	Occupancy	Construction
Sprinklers <input type="checkbox"/> [ es <input type="checkbox"/> P o	Protection class	Total Area		
<b>Subject</b>			<b>Limit</b>	
Building			\$	
Contents			\$	
Deductible (minimum \$1,000)			\$	
Business income & extra expense limit			\$ Coinsurance 80%	
How is this building used by the Insured?				
Building improvements				
Wiring, yr.			Heating, yr.	
Roofing yr.			Plumbing yr.	

# of stories	
Burglar Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:
Sprinkler Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:
Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location No.	Bldg No.	Year Built	Occupancy	Construction
Sprinklers <input type="checkbox"/> Yes <input type="checkbox"/> No	Protection class	Total Area		
<b>Subject</b>	<b>Limit</b>			
Building	\$			
Contents	\$			
Deductible (minimum \$1,000)	\$			
Business income & extra expense limit	\$ Coinsurance 80%			
How is this building used by the Insured?				
Building improvements				
Wiring, yr.	Heating, yr.			
Roofing yr.	Plumbing yr.			
# of stories				
Burglar Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:			
Sprinkler Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:			
Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No				

Location No.	Bldg No.	Year Built	Occupancy	Construction
Sprinklers <input type="checkbox"/> Yes <input type="checkbox"/> No	Protection class	Total Area		
<b>Subject</b>	<b>Limit</b>			
Building	\$			
Contents	\$			
Deductible (minimum \$1,000)	\$			
Business income & extra expense limit	\$ Coinsurance 80%			
How is this building used by the Insured?				
Building improvements				
Wiring, yr.	Heating, yr.			
Roofing yr.	Plumbing yr.			
# of stories				
Burglar Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:			
Sprinkler Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:			
Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No				

Location No.	Bldg No.	Year Built	Occupancy	Construction
Sprinklers <input type="checkbox"/> Yes <input type="checkbox"/> No	Protection class	Total Area		
<b>Subject</b>	<b>Limit</b>			
Building	\$			
Contents	\$			
Deductible (minimum \$1,000)	\$			
Business income & extra expense limit	\$ Coinsurance 80%			
How is this building used by the Insured?				
Building improvements				
Wiring, yr.	Heating, yr.			
Roofing yr.	Plumbing yr.			
# of stories				
Burglar Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:			
Sprinkler Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:			
Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No				



Do you generate/produce power for yourself or to sell back to the grid? Yes \_\_\_ No \_\_\_

If yes, list the type (wind, solar, fuel cell, engine/generator) and size (nameplate rating in kilowatts) of the power generating equipment, or system in the case of photovoltaics.

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**STEVEDORES SUPPLEMENTAL APPLICATION:**

Port/Facility Location	Load or Discharge	Commodity	Tonnage per year	Receipts per year

Do you use any specialized equipment in your loading or discharging operations?  Yes  No. If yes, please describe.

Do you store any commodities prior to loading or after discharge?  Yes  No. If yes, complete the Terminal Operators supplemental application.

How many barges/ vessels do you stevedore per year?

What type of vessels do you stevedore, i.e. barges, general cargo ships, bulk carriers, etc.?

**TERMINAL OPERATORS SUPPLEMENTAL APPLICATION:**

Port/Facility Location	Load or Discharge	Commodity	Tonnage per year	Receipts per year

Commodity stored	Average length of storage	Stored inside or outside	Receipts

Describe the type of vessels loaded or discharged.

How many barges/ vessels do you load or discharge per year?

Do you load or discharge any rail cars or trucks?  Yes  No. If yes, how many.

Use the Fixed Property supplemental application to list and provided information on all storage buildings, tanks or silos.

Do you issue a warehouse receipt for goods in storage?  Yes  No. If yes, attach a copy.

**WHARFINGERS SUPPLEMENTAL APPLICATION:**

Provide the receipts from vessel storage. \$
Provide the receipts from shifting or towing of vessels. \$
Provide the total number of days vessels were stored during past 12 months. Barges                      towboat/pushboats/tugs                      other vessels
If you do any vessel repair, cleaning or servicing complete the Ship Repairers supplemental application.
If you load or discharge any vessels complete the Terminal Operators supplemental application.
Describe any shifting or towing operations including distances traveled.
If shifting or towing operations are performed, are all the towing vessels listed in the Hull and P&I supplemental applications? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do all vessel storage locations have personnel on premises 24 hours, 7 days a week? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe security.
Of the total vessel days per year, what percentage is vessels loaded with cargo?
List any exposures (i.e. bridges, docks or terminals) down stream within one mile of each location.

**SHIP REPAIRER SUPPLEMENTAL APPLICATION:**

Provide total repair receipts for past 12 months. \$
Describe type of vessels repaired.
Describe type of work performed.
Do you do any gas freeing work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe dry docking or vessel lifting system used to remove vessels from the water.
Do you do any conversion or reconstruction of vessels (i.e. where the size, type or nature of a vessel is changed)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are the receipts? \$
Do you do any non-marine work (i.e., metal fabrication or welding not on a vessel)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe
Do you do any work away from the scheduled locations? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, describe

**TANKERMAN SUPPLEMENTAL APPLICATION:**

Provide total receipts from Tankerman operations in past 12 months. \$
How many tankerman do you employ?

Location	Type of vessel	Commodity	# of vessels loaded/discharged in past 12 months

**Mortgagees / Loss Payees / Additional Interest:**

Name & Address:
Interest:
Coverage section(s) applicable:
Location Number:

Name & Address:
Interest:
Coverage section(s) applicable:
Location Number:

Name & Address:
Interest:
Coverage section(s) applicable:
Location Number:

Name & Address:
Interest:
Coverage section(s) applicable:
Location Number:

**Additional information / Comments:**

**Five Year Loss Record** – for all coverages being requested including losses from discontinued or sold operations and vessels lost. If none, state “none”.

Coverage involved	Date of Loss	Details of Accident	Gross Amount of loss before deductible	Current Status: Paid or outstanding

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OF INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

" Uki plpi "y ku'hqto "f qgu'pqv'dlpf "y g'Cr r nlecpv'q'r wtej cug'yj g'lpwtcpeg"qt "y g'Ego r cp{ "q'ceegr v "y g'tkum"dw'k'ku'ci tggf "y cv'yj ku'hqto "uj cm'dg'yj g'dcuku"qh'yj g'eqptcev'uj qwf "c'r qre{ "dg'kuwgf 0 "

Uki pcwtg"qh'Cr r nlecpv<.....F cvg'uki pgf <