



APPLICATION FOR MARINE CONTRACTOR'S LEGAL LIABILITY INSURANCE

Applicant Name:	Years in Business
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Address (including City, State, Zip):

Area of operation:

Limit Requested \$	Deductible \$	Projected Gross Receipts for Term \$	Proposed Effective/Expiration Date:
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Describe the Watercraft in your Care, Custody, Control:	<p>Type of Work:</p> <input type="checkbox"/> Dredge _____ % <input type="checkbox"/> Pile Driving _____ % <input type="checkbox"/> Bulkhead/Dock _____ % <input type="checkbox"/> Survey _____ % <input type="checkbox"/> Lift Installation _____ % <input type="checkbox"/> Diving _____ % <input type="checkbox"/> Salvage _____ % <input type="checkbox"/> Other _____ %
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Indicate percentage of work performed in:
 Commercial: _____ % Residential: _____ % Renovation: _____ % New Construction: _____ %

Describe your last 5 jobs (include dates):

1. _____
2. _____
3. _____
4. _____
5. _____

Do you require subcontractors to (circle yes or no):

_____ Sub contractor used?

_____ Name you as an additional insured to their liability policy?

_____ Sign an indemnification agreement/hold harmless agreement in your favor?

_____ Furnish Certificates of Insurance?

Limit of Liability Insurance Subcontractor carries \$ _____

Gross Receipts for the past 5 Years:

_____ \$ _____ \$ _____ \$ _____ \$ _____ \$

Describe your Non-Marine Work and give percentage of total revenues

Current Insurer: _____ Is Current Insurer canceling, increasing rate, changing coverage, etc? (If yes, please explain): _____

Loss Experience:			
Year	Gross Premium	Paid Losses	Outstanding Losses
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Applicant Signature	Date	Agent or Broker	Date
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ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.