



OCEAN MARINE
Application for Marine General Liability Insurance

Completing this form does not bind the Applicant to complete this insurance, but it is agreed that this form shall be the basis of the contract should a Policy be issued. If any of the questions appearing below are answered falsely or fraudulently, the entire insurance is null and void and all claims thereunder shall be forfeited.

1. Name of Applicant		2. Applicant Website
3. Applicant Address (Street, Street number, City, State, and Zip)		4. Telephone Number
5. How long in operation under current management	6. Number of Full-time Employees	7. No. of Part-time/leased Employees
8. Name of Operations Manager	9. Age	10. Experience in this field
11. Type of Company (LLC, Corporation, etc)	12. Effective Date	13. Need-By Date

GENERAL INFORMATION

14. Company Narrative (include geographic areas of operation)

15. Description of Marine Work	16. Receipts from marine operations - \$ Percentage %
17. Description of Non-Marine Work	18. Receipts from non-marine operations - \$ Percentage - %
19. Any off-shore or energy industry-related work performed?	20. Description of off-shore work, if applicable
21. Is there a formal safety program in place?	22. If yes, please describe

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| 23. Any medical facilities provided or medical professional employed?..... | □ Yes □ No |
| 24. Any exposure to radioactive/nuclear materials?..... | □ Yes □ No |
| 25. Any operations sold, acquired, discontinued in last 5 years?..... | □ Yes □ No |
| 26. Machinery or equipment loaned or rented to others?..... | □ Yes □ No |
| 27. Does applicant use any mobile equipment?..... | □ Yes □ No |
| 28. Any watercraft, docks, floats, owned, hired or leased?..... | □ Yes □ No |
| 29. Any parking facilities owned or leased?..... | □ Yes □ No |
| 30. Any recreation facilities provided?..... | □ Yes □ No |

- 31. Is there a swimming pool on the premises?..... Yes No
- 32. Does the Applicant sponsor any sporting or social events?..... Yes No
- 33. Does Applicant do any blasting or use explosives?..... Yes No
- 34. Do you lease employees to or from other employers?..... Yes No
- 35. Has Applicant filed for bankruptcy protection in last 5 years?..... Yes No

PRIOR COVERAGE

36. Provide complete information about expiring coverages for the Applicant

Period	Carrier	Limits	Deductible	Rate	Total Annual Premium

37. Has covered ever been cancelled, or non-renewed?	38. If yes, please explain
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ADDITIONAL INSURED/INTERESTS

39. List all named insureds and/or subsidiary/affiliated companies and describe their relation to the applicant

Name	Relationship

CONTRACTUAL

40. Percent of work subcontracted out	41. Nature of work subcontracted out	42. Under whose direction and control is subcontracted work performed?

- 43. Does applicant required GL and WC certificates from subcontractors?..... Yes No
- 44. Do subcontractors carry limits less than applicant?..... Yes No
- 45. Any contracts either limiting or extending the liabilities imposed by law?..... Yes No
- 46. Any hold harmless agreements or any other type of indemnity agreement? *If yes, please attach*..... Yes No

ENVIRONMENTAL

47. Do operations include storage, treating, disposing, or transporting of hazardous materials?	48. If yes, describe operations
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49. Are transporters, handlers, or disposal companies EPA certified and properly insured?	50. Describe storage tanks on premises, if any
51. Has applicant had any reportable spills or releases of hazardous substances or any other pollutants in the past 5 years?	52. List all fire and security protection on premises:

PRODUCTS/COMPLETED OPERATIONS

- 53. Does applicant manufacture, install, service, or demonstrate any products?..... Yes No
- 54. Does Applicant provide any guarantees, warranties, or hold harmless agreements with respects to any products?..... Yes No
- 55. Any products discontinued, recalled or materially changed?..... Yes No
- 56. Any products of other sold or repackaged under Applicants label?..... Yes No
- 57. Any products sold under labels of others?..... Yes No
- 58. Does any Named Insured sell to other Named Insureds?..... Yes No

LOSS HISTORY

59 Provide a complete 5-year loss history for the Applicant

Year	Loss Information

REQUIRED COMPLETION –READ AND SIGN

I understand that the above information, which is correct and complete to the best of my knowledge, is to be the basis of insurance, if granted, but does not obligate me to accept the insurance nor the Compnay to accept the risk.

Applicant's Signature X	Date
Agent's Signature X	Date