



MARINE CONTRACTOR'S LIABILITY APPLICATION

Named Insured: _____

Contact Person For Inspection and Telephone Number: _____

Mailing Address: _____

Year Business Started: _____

Website: _____

Other Named Insureds: _____

Policy Period From: _____ To: _____ Limit Required: _____ Deductible Required: _____

ACCOUNT DETAILS

Exact Location of Facility(ies)/Yard(s): _____

Number of Employees: _____

Annual Gross Receipts:

Year: 20 _____ Receipts: _____

Year: 20 _____ Receipts: _____

Year: 20 _____ Receipts: _____

Annual Payroll:

Year: 20 _____ Receipts: _____

Year: 20 _____ Receipts: _____

Year: 20 _____ Receipts: _____

Operations and Work:

Description of Marine Operations and Work: _____

Description of Non-Marine Operations: _____

Breakdown of Marine/Non-Marine Operations (by %):

Marine _____% Non-Marine _____%

Breakdown of Operations (by %):

Pile Driving _____% Seawall _____% Jetty _____% Diving _____%

Dock Building/Repair _____% Salvage _____% Dredging _____%

Other (Please Explain): _____

Any Exposure to Flammables, Chemicals or Explosives? Yes No
If Yes, Please Explain: _____

Any Blasting Operations or Storage of Explosives? Yes No
If Yes, Please Explain: _____

Any Excavation, Tunneling or Earth Moving Operations? Yes No
If Yes, How Frequent and What Percentage of Total Work? _____

Any Bridge Work? Yes No
If Yes, How Frequent, What Type and What Percentage of Total Work? _____

Does Applicant Draw Plans, Designs, or Specifications? Yes No
If Yes, Please Explain: _____

Does Applicant Lease Equipment to Others With or Without Operators? Yes No
If Yes, How Frequent and What Type of Equipment? _____

Subcontractors and Leased Workers:

What Percentage of Work is Subcontracted? _____ %

Under Who's Direction Do Subcontractors Work? _____

What is the Nature of Subcontracted Work? _____

Are Certificates of Insurance Obtained from Subcontractors? Yes No

Do Subcontractors Carry Coverages or Limits Less Than Yours? Yes No

Are Subcontractors Allowed to Work Without Certificates of Insurance? Yes No

What Percentage of Work Involves Leased Workers? _____ %

Provide Details Whereby You Indemnify, Hold Harmless or Release Another Party: _____

Attach a Sample Copy of Contracts Including Leased Workers Agreements.

What Percentage of Work Does This Represent? _____ %

Any Formal Safety Program in Effect? Yes No

If Yes, Please Explain and/or Attach a Copy: _____

Schedule of Watercraft (Owned or Operated by the Applicant): _____

Does Applicant Carry Separate Hull and Protection and Indemnity Insurance? Yes No

If Yes, Please Indicate Limits, Deductibles, Carriers, etc.: _____

PREMIUM AND LOSS HISTORY

Year	Premiums Paid	Losses Paid	Number of Claims	Details of Accident

HARD COPY LOSS STATISTICS FROM PREVIOUS INSURERS MAY BE REQUESTED.

SPECIAL INFORMATION

Present Insuring Company: _____ Provide Copies of Current Policies if Available.

Has Any Company Ever Cancelled Insurance for This Owner? Yes No

If Yes, With What Company and on What Terms? _____

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage terms and conditions offered by ISR may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to insurance.

Any persons who knowingly and with intent to defraud any insurance company or other person files an application for 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.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's Signature: _____ Date: _____

Print Name: _____ Title: _____



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