



Longshore +

Marine Contractors Supplemental Application

GENERAL INFORMATION

INSURED INFORMATION

Name:		
Address:		
City:	State:	Zip Code:
Phone:	Email:	

ACCOUNT INFORMATION

Policy Period:	Quote Needed by:
Other Named Insureds:	
Year Business Started: / /	If New Venture, prior year's experience – attach resume
Phone:	

HISTORICAL EXPOSURES

	Receipts	Payroll
Upcoming Year / Term Projections:	\$	\$
Current Year:	\$	\$
1st Prior Year:	\$	\$

COVERAGES REQUESTED

<input type="checkbox"/> Marine General Liability	<input type="checkbox"/> Contractor's Equipment
<input type="checkbox"/> Hull	<input type="checkbox"/> Property
<input type="checkbox"/> Protection & Indemnity – Crew coverage <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Automobile
<input type="checkbox"/> Workers' Compensation / USL&H	<input type="checkbox"/> Bumpershoot

GENERAL QUESTIONS

Has the Insured's insurance ever been cancelled or non-renewed?	<input type="checkbox"/> Y <input type="checkbox"/> N
Has the Insured or any one of its principals declared bankruptcy in the last 5 years?	<input type="checkbox"/> Y <input type="checkbox"/> N
Has the Insured changed its core nature of their business in the past three years?	<input type="checkbox"/> Y <input type="checkbox"/> N
Check applicable boxes below for type of work done, if any.	
<input type="checkbox"/> Provision of Medical Facilities	<input type="checkbox"/> Residential Housing / Commercial Building Construction
<input type="checkbox"/> Commercial Construction	<input type="checkbox"/> Non Bridge Related Roadwork / Highway Work
<input type="checkbox"/> Storing or Using Explosives	<input type="checkbox"/> Treating, disposing, storing or transport of any hazardous waste
Please describe work that applies to any of the above:	

SAFETY QUESTIONS

Does the Insured perform the following?

Background Checks:	<input type="checkbox"/> Y	<input type="checkbox"/> N
Employee Physicals:	<input type="checkbox"/> Y	<input type="checkbox"/> N
Drug Testing:	<input type="checkbox"/> Y	<input type="checkbox"/> N
Pre-Employment Health Screening:	<input type="checkbox"/> Y	<input type="checkbox"/> N

Does the Insured have all of the following in place?

Documented onboarding program:	<input type="checkbox"/> Y	<input type="checkbox"/> N
Regular documented safety meetings:	<input type="checkbox"/> Y	<input type="checkbox"/> N
Maintenance program for vessels, cranes and/or equipment:	<input type="checkbox"/> Y	<input type="checkbox"/> N

Does the Insured have any of the following?

Formal safety program	<input type="checkbox"/> Y	<input type="checkbox"/> N
Full time safety officer	<input type="checkbox"/> Y	<input type="checkbox"/> N
Hire outside safety consultant	<input type="checkbox"/> Y	<input type="checkbox"/> N
Send employees on outside certificated courses	<input type="checkbox"/> Y	<input type="checkbox"/> N

MARINE GENERAL LIABILITY

DEDUCTIBLE REQUESTED:

- \$2,500
 \$5,000
 \$10,000
 Other:

DESCRIPTION OF OPERATIONS & PERCENTAGE OF WORK DONE

Upon completion, percentage should equal 100.

Diving	%	Shoreline stabilization	%
Construction/repair of boat ramps	%	Rip Rap construction	%
Reef and mangrove restoration	%	Installation of wave attenuators	%
Installation/repair of boatlifts and davits	%	Installation of any other dock accessories	%
Marine pile driving	%	Construction/repair of piers, wharves, docks & marina slips	%
Construction/repair of boathouses or boat sheds			%
Marine dredging for marinas as well as in ponds, rivers , bays, etc.			%
Installation/repair of fender systems for docks ,bulkheads, marine structures and bridges			%
Bridge maintenance and light structural work when performed from vessels			%
Construction/repair of seawalls, bulkheads and breakwaters			%
Marine salvage operations. Please provide separate narrative of these activities.			%
Other:			%



NON-MARINE WORK

Please describe any other work done that is not related to a marine project:

Percentage of non-marine work: _____ %

LIST OF LAST 5 PROJECTS COMPLETED BY THE INSURED

Client:	Type of Job:
Location of Job:	
Duration of Job:	Contract Cost to Insured: \$

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Location of Job:	
Duration of Job:	Contract Cost to Insured: \$

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Duration of Job:	Contract Cost to Insured: \$

ADDITIONAL QUESTIONS

How many employees does the Insured employ? 0-5 5-10 10-20 20+

If any diving activities are associated or contemplated in the Insured's work, please explain.

Depth: 0-30 31-60 61+

Does the Insured provide any architectural or engineering designs for any of the work performed? Y N

Does the Insured engage in any bridge construction or repair work? Y N

If yes, please explain:

Does the Insured engage subcontractors on any of the work they perform? Y N

If yes, what type and % of such work is subbed out?

Are certificates of insurance required from subcontractors used? Y N

Is the Insured added as an additional insured and indemnified from any liability related to their work? Y N

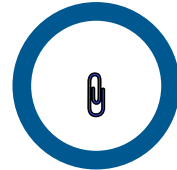
Does the Insured require Owners & Protective (OCP) Liability coverage? *If yes, a separate OCP application will be provided.* Y N

HULL AND PROTECTION & INDEMNITY

Fill out SCHEDULE OF VESSELS form.

DOUBLE CLICK ON PAPER CLIP TO DOWNLOAD THE ATTACHED **SCHEDULE OF VESSELS** FORM.

Note: If a schedule of vessels is already completed, this schedule can be used as an alternative.



GENERAL OPERATIONS

Navigational Limits Required (If other than coastal and inland waters of the United States, not exceeding 5 miles offshore):

Are there any cranes being utilized on any of the scheduled vessels above? Y N

If yes, on which vessels and how are the cranes secured?

Is the Insured involved in any third party towing? Y N

If the Insured utilizes towboat operators, do contracts release and indemnify tow boat operators? Y N

DETAILS ON CREW

Is Crew Coverage requested? Y N

Total number of hard crew (i.e. licensed captains, 1st mates etc.) operating on navigable waters to be covered:

Number of employees working on board vessels on navigable waters 25% of their time or more:

Does the crew work on third party vessels? Y N

If yes, how much of their time is associated with working on third party vessels?

CONTRACTORS EQUIPMENT

VALUATION OPTION - Please make sure values provided represent valuations per option chosen.

- | | | |
|--|---|--|
| <input type="checkbox"/> Actual Cash Value | <input type="checkbox"/> Replacement Cost Value | <input type="checkbox"/> Agreed Amount |
|--|---|--|

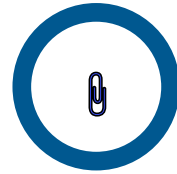
DEDUCTIBLE REQUESTED

- | | | | | |
|--------------------------------|----------------------------------|----------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> \$500 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> Other: |
|--------------------------------|----------------------------------|----------------------------------|----------------------------------|---------------------------------|

SCHEDULED GENERAL EQUIPMENT

DOUBLE CLICK ON PAPER CLIP TO DOWNLOAD THE ATTACHED **SCHEDULED GENERAL EQUIPMENT** FORM.

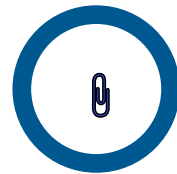
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SCHEDULED CRANES

DOUBLE CLICK ON PAPER CLIP TO DOWNLOAD THE ATTACHED **SCHEDULED CRANES** FORM.

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MISCELLANEOUS AND EMPLOYEE TOOLS

Limit of Liability

Amount of Insurance:

Max. / Item:



LEASED, RENTED OR LOANED EQUIPMENT

Limit of Liability

Any one loss:

Max / Item:

Annual Rental Expenditures:

ADDITIONAL QUESTIONS

Are crane operators the Insured's own employees? Y N

Are crane operators NCCO certified? Y N

What is the average years experience of the crane operators employed?

Are daily operational logs maintained? Y N

Is equipment serviced on a regular basis in accordance with the equipment manufacturers recommendations? Y N

What types of property are typically lifted?

BUMBERSHOOT

Limit of Liability

Limit of liability requested:

Please provide underlying coverage information or liability coverage not being quoted by ProSight below.

Policy Type	Carrier	Policy Number	Term	Primary Liability Premium

CURRENT CARRIER AND PREMIUM

Coverage	Carrier	Premium

Please include 5 year Hard Copy Loss Runs.



NOTES

Empty box for notes.

APPLICATION WARRANTY

The undersigned applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The undersigned applicant understands and agrees this application is a request for a quote based on the information provided herein and that actual coverage terms and conditions offered 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 representation made prior to such policy issuance. The applicant agrees to notify us of any material changes in answers to the questions on this application which may arise prior to the effective date of any policy issued and understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The applicant further understands that, if a policy of insurance is issued, this application and any attached or appended documents will be incorporated into and form part of such policy.

Applicant's Signature / /
Date

Agent's Signature / /
Date