



MARINE GENERAL LIABILITY APPLICATION

Agent/Broker _____
 Address: _____

Proposed Effective Date: _____ _____

I. Applicant (Named Insured): _____ **Mailing Address:** _____

II. Description of the Applicant's business and operations: _____ **Check all operations that apply.**

_____	<input type="checkbox"/> Shiprepairer	<input type="checkbox"/> Vessel Operator
_____	<input type="checkbox"/> Wharfinger	<input type="checkbox"/> Fabrication
_____	<input type="checkbox"/> Stevedore	<input type="checkbox"/> Consultant
_____	<input type="checkbox"/> Terminal Operator	<input type="checkbox"/> Drilling Contractor
_____	<input type="checkbox"/> Port Authority	<input type="checkbox"/> _____
_____	<input type="checkbox"/> Charterer	<input type="checkbox"/> _____
Describe Non-Marine Operation: (if applicable)	<input type="checkbox"/> Marine Contractor	<input type="checkbox"/> _____
_____	<input type="checkbox"/> Oilfield Offshore	<input type="checkbox"/> _____
_____	<input type="checkbox"/> Marina Operator	<input type="checkbox"/> _____

III. Business Information: Years in Business? _____

Type of Company Corporation Individual Joint Venture Partnership

<i>Provide if applicable:</i>	Projected (Year _____)	Expiring (Year _____)
Gross Revenues:		
Marine % Non Marine %	_____	_____
Gross Payroll:	_____	_____
Annual Sales:	_____	_____
Number of employees?	_____	_____
Annual Advertising Expenditure?	_____	_____
Throughput (unit _____)	_____	_____

IV. Subcontractors : What % of work is subcontracted out? _____%

Under whose direction/control do subcontractors work? _____

What is the nature of the sub contracted work? _____

Are certificates of Insurance required from subcontractor _____



Yes / No (<i>Attach explanations of all Yes answers</i>)	Y	N		Y	N
Does applicant draw plans, designs, or specifications for others?	<input type="checkbox"/>	<input type="checkbox"/>	Do your subcontractors carry coverages or limits less than yours?	<input type="checkbox"/>	<input type="checkbox"/>
Do any operations include blasting or utilize or store explosive material?	<input type="checkbox"/>	<input type="checkbox"/>	Are subcontractors allowed to work without providing you with a certificate of insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Do any operations include excavation, tunneling, underground work or earth moving?	<input type="checkbox"/>	<input type="checkbox"/>	Does applicant lease equipment to others with or without operators?	<input type="checkbox"/>	<input type="checkbox"/>

V. Products Information: List Products

Manufactured: _____

Sold: _____

Distributed: _____

Yes / No (<i>Attach explanations of all Yes answers</i>)	Y	N		Y	N
Does applicant install, service or demonstrate products?	<input type="checkbox"/>	<input type="checkbox"/>	Products recalled, discontinued, changed?	<input type="checkbox"/>	<input type="checkbox"/>
Foreign products sold, distributed, used as components?	<input type="checkbox"/>	<input type="checkbox"/>	Products of others sold or re-packaged under applicant label?	<input type="checkbox"/>	<input type="checkbox"/>
Research and development conducted or new products planned?	<input type="checkbox"/>	<input type="checkbox"/>	Does any named insured sell to other named insureds?	<input type="checkbox"/>	<input type="checkbox"/>
Guarantees, warranties, hold harmless agreements?	<input type="checkbox"/>	<input type="checkbox"/>	Vendors coverage required?	<input type="checkbox"/>	<input type="checkbox"/>
Products related to aircraft/space industry?	<input type="checkbox"/>	<input type="checkbox"/>	Products under label of others?	<input type="checkbox"/>	<input type="checkbox"/>

VI. Exposure Information

Marine Exposure: *In addition to the attached vessel schedule (If yes, explain):*

Does the applicant ever charter / lease vessels? _____

Does the applicant ever own/operate/charter any pleasure craft? _____

Does the applicant have any US employees or employees operating in the US? If so, are they covered by state Worker's Compensation Act? Please explain. _____

Environmental Exposure: Give details on all storage tanks including; number, age, size, contents, construction, whether above or below ground & when last surveyed. (*attach schedule if necessary*): _____

During the last 5 years has the applicant spilled or caused the spill of hazardous substances, wastes, or any pollutants? (*Briefly describe any spills*): _____



Do operations involve storing, treating, disposing, or transporting hazardous materials?

Are transporters, handlers, or disposal companies government certified and properly insured?

VII. Additional General Exposure Information:	Y	N	<i>(Attach explanations of all Yes answers)</i>	Y	N
Any medical facilities provided or medical professional employed or contracted?	<input type="checkbox"/>	<input type="checkbox"/>	Any structural alterations contemplated?	<input type="checkbox"/>	<input type="checkbox"/>
Any exposure to radioactive/nuclear materials?	<input type="checkbox"/>	<input type="checkbox"/>	Any demolition exposure contemplated?	<input type="checkbox"/>	<input type="checkbox"/>
Do/have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous materials? (e.g. landfills, wastes, fuel tanks, etc)	<input type="checkbox"/>	<input type="checkbox"/>	Has applicant been active in or is currently active in joint ventures?	<input type="checkbox"/>	<input type="checkbox"/>
			Are the premises fenced?	<input type="checkbox"/>	<input type="checkbox"/>
Any operations sold, acquired, or discontinued in last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	Do you lease employees to or from other employers?	<input type="checkbox"/>	<input type="checkbox"/>
Machinery or equipment loaned or rented to others?	<input type="checkbox"/>	<input type="checkbox"/>	Is there a labor interchange with any other business or subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>
Any watercraft, docks, floats owned, hired or leased?	<input type="checkbox"/>	<input type="checkbox"/>	Are day care facilities operated or controlled?	<input type="checkbox"/>	<input type="checkbox"/>
Any parking facilities owned/rented?	<input type="checkbox"/>	<input type="checkbox"/>	Have any crimes occurred or been attempted on your premises within the last three years?	<input type="checkbox"/>	<input type="checkbox"/>
Is a fee charged for parking?	<input type="checkbox"/>	<input type="checkbox"/>	Is there a formal, written safety and security policy in effect?	<input type="checkbox"/>	<input type="checkbox"/>
Recreation facilities provided?	<input type="checkbox"/>	<input type="checkbox"/>	Does the businesses' promotional literature make any representations about the safety or security of the premises?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a swimming pool on the premises?	<input type="checkbox"/>	<input type="checkbox"/>			
Sporting or social events sponsored?	<input type="checkbox"/>	<input type="checkbox"/>			

VIII. Details of Insurance:

Limits desired for this applicant? _____

Details of previous MGL insurance for the past 3 years: *(Check if attached)*

<u>PERIOD</u>	<u>CARRIER</u>	<u>TYPE</u>	<u>LIMIT</u>	<u>DEDUCTIBLE</u>	<u>ANNUAL PREMIUM</u>

Please attach 5 years of loss history, or if no losses, state "none" *(Check if attached)*: _____



IX. Attachments Check List:

Items	Y	N	Comments
5 Years of Claims History	<input type="checkbox"/>	<input type="checkbox"/>	
Other LIU Application?	<input type="checkbox"/>	<input type="checkbox"/>	
Schedule of Named Insureds	<input type="checkbox"/>	<input type="checkbox"/>	
Schedule of Locations	<input type="checkbox"/>	<input type="checkbox"/>	
Vessel Schedule	<input type="checkbox"/>	<input type="checkbox"/>	
Company Brochure	<input type="checkbox"/>	<input type="checkbox"/>	
Annual Reports / Financial Statement	<input type="checkbox"/>	<input type="checkbox"/>	
Standard Operator Agreement	<input type="checkbox"/>	<input type="checkbox"/>	
Standard Sub-contractor Agreement	<input type="checkbox"/>	<input type="checkbox"/>	
Hold Harmless Agreement	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Manual	<input type="checkbox"/>	<input type="checkbox"/>	
Risk Survey Report (latest available)	<input type="checkbox"/>	<input type="checkbox"/>	
Overhead Map / Satellite picture of	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	

BROKER ACKNOWLEDGEMENT

The undersigned understands that the above information and supplemental information enclosed, which is correct to the best of my knowledge, is to be the basis of insurance if a policy is issued, but does not obligate the Applicant to accept the insurance nor oblige the Insurer to effect insurance on the risk.

The undersigned acknowledges that any personal information contained in this application has been collected in accordance with all applicable privacy legislation.

The undersigned confirms that it has obtained the necessary consents to the collection, use, and disclosure of such information for the purposes of assessing the application for insurance, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

 Broker's Signature

 Applicant's signature

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Liberty Mutual Insurance Company's insurance business in Canada.