

MARINE GENERAL LIABILITY APPLICATION FORM

WHEN FILLING OUT THIS APPLICATION, ALL QUESTIONS MUST BE ANSWERED COMPLETELY, IF A QUESTION IS NOT APPLICABLE TO THE OPERATIONS OF THE COMPANY, PLEASE STATE "N/A". IF THE ANSWER IS NONE, STATE "NONE". IF MORE SPACE IS REQUIRED TO ANSWER A QUESTION COMPLETELY, PLEASE ATTACH A SEPARATE SHEET AND IDENTIFY THE QUESTION TO WHICH IT RESPONDS. LEAVE NO SPACE BLANK.

SECTION 1- APPLICANT DETAILS

Name of Applicant (Please also include main contact name if different from Applicant Name)

Full Name of Company:

Website address (if applicable)

Full Address: (include Zip C ode)

How many years has the company operated under the current management?

If less than 5 years, please provide details of the previous management.

Please provide details of the company's operations/ type of work **NB- PLEASE COMPLETE RELEVANT ADDENDUMS TO THIS APPLICATION FOR THE FOLLOWING OPERATIONS; SHIP REPAIRERS, STEVEDORES TERMINAL OPERATORS, WHARFINGERS, SHORESIDE PROPERTY, WATERCRAFT ACTIVITIES**

SECTION 2– OPERATIONAL DETAILS

Policy Period

Limit required:

Gross receipts for the past 3 years

(FOR TERMINAL OPERATORS PLEASE USE RELEVANT ADDENDUM TO COMPLETE THIS QUESTION)

Yr 201...

Yr 201...

Yr 201....

Projected Gross Receipts for next year

Yr 201...

Number of Employees **(Please show split between full and part time)**

Full Time.....

Part time.....

Payroll **(Please show Gross Payroll and breakdown as indicated)**

Gross Payroll USD.... .. split as follows

USLHWA Payroll USD.....

Jones Act Payroll USD.....

Payroll net of clerical/ officers USD.....

What percentage of work is subcontracted out?

....%

Who is responsible for the direction and control of subcontractor’s work?

Please state the nature of the work subcontracted out

Please provide brief details whereby you indemnify, hold harmless or release another party **including** what percentage of work this would represent **and** attach a sample contract **AND/OR** any contractual liability limitation agreements that the applicant currently has in place

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SECTION 3 – ENVIRONMENTAL

Please provide age of storage tanks, number & size, contents, construction, whether above or below ground & when last surveyed

Have you, during the past 5 years, had any reportable releases or spills of hazardous substances, hazardous waste or any other pollutants from locations owned or operated by you into the environment? Yes No

This includes any claims made against you (e.g by third parties, Governmental authorities, OSHA permit violations) for clean up, bodily injury or property damage resulting from any release of pollutants.

If 'No' please state 'NONE' in space provided below. If 'YES' please provide details in the space below

DO you know of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company for environmental clean up or response, or for bodily injury or property damage arising from the release of pollutants into the environment? Yes No

If 'YES', please provide details in The space provided below

SECTION 4 – FIRE PROTECTION AND SECURITY

- Are the buildings sprinklered? Yes No
- Date of last maintenance check: -----
- On what basis does the Fire Department local to the risk operate? Paid Volunteer
- What distance from the Assured location is the Fire Department? ----- miles
- How many public fire hydrants are accessible? -----
- How many watchmen are employed at the premises? -----
- Are the premises fenced? Yes No

Please give details of other fire protection and security measures taken

SECTION 5 – GENERAL

- Is the Applicant a non-subscriber to any state &/ or Federal Workers Compensation statutes? Yes No
If 'yes' please give details in the space provided below
- Has the Applicant or any predecessor company ever filed for Bankruptcy protection? Yes No
- Does the Applicant undertake any blasting or use of explosives? Yes No
- Does the Applicant use any mobile equipment? Yes No
If 'yes' please provide details in space provided below
- Does the Applicant lease equipment to others? Yes No
If 'Yes', please state if with or without operators
- Is there a formal safety program in operation?: With Without
 Yes No

APPLICATION SUPPLEMENT

FIVE YEARS PLUS CURRENT YEAR. IF NO LOSSES FOR ANY GIVEN YEAR STATE "NO LOSSES"

TO INCLUDE OPEN & CLOSED CLAIMS

Indicate coverages for which loss record is included:

Contractors Ship Repairers Stevedores Terminal Operations Wharfingers Shoreside Property Watercraft Activities

POLICY YEAR	COVERAGE SECTION	DATE OF LOSS	DESCRIPTION OF LOSS	LOSS PAID	FEES PAID	LOSS & FEES O/S	INCURRED GROSS OF DEDUCTIBLE	DATE OF VALUE	VALUER

DECLARATION - TO BE SIGNED BY APPLICANT OR THE APPLICANT'S APPOINTED AGENT) ON COMPLETION OF APPLICATION FORM AND RELEVANT ADDENDUMS

I/We hereby warrant that the information provided in this application is complete and accurate to the best of my/our knowledge and belief and it is our understanding that Thomas Miller Specialty will rely upon the information and representations listed herein in determining the acceptability of the account, rates and conditions of coverage. This application will be appended to the policy.

PRODUCER'S SIGNATURE: _____ **DATE:** _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PRINT: _____ **TITLE:** _____