

Marine Contractor Supplemental
(To be submitted with ACORD Applications)

APPLICANT GENERAL INFORMATION			
Applicant:			
Mailing Address:			
City, State & Zip Code:			
Website Address:			
Length of time in business:	Years	Months	Proposed effective date:
Years of experience:	Years	Months	
Survey Contact / Phone #:			
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:			
List and describe any business owned, operated or managed by the applicant, including any Lessor's Risks:			
Is the applicant a subsidiary of any other entity and/or does the applicant have any subsidiaries? <input type="checkbox"/> No <input type="checkbox"/> Yes			

PRODUCER INFORMATION	
Agency:	
Mailing Address:	
City, State & Zip Code:	
Auto-Owner's Agent? <input type="checkbox"/> No <input type="checkbox"/> Yes	Auto-Owner's Agent #:

CONTRACTOR YARD / OFFICE LOCATION GENERAL INFORMATION			
Address:			
1.			
2.			
3.			
		Locations	
		1	2
1.	Paid or volunteer local fire protection?		
2.	Distance from local fire department station:		
3.	Public fire hydrants (number and distance):		
4.	Automatic Fire Alarm?		
5.	Automatic Sprinklers / Fire Suppression System?		
6.	Automatic / emergency fuel shutoff valve?		
7.	Automatic Burglary Alarm System that signals to a Central Station or police station?		
8.	Watchman service after business hours?		

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COVERAGE REQUESTED		
<input type="checkbox"/> Commercial General Liability	<input type="checkbox"/> Marina Operator's Legal Liability	<input type="checkbox"/> Marina Operator's Protection & Indemnity
<input type="checkbox"/> Property (provide ACORD 140)	<input type="checkbox"/> Inland Marine (provide ACORD 146)	<input type="checkbox"/> Vessel Hull / Protection & Indemnity (P&I) (provide ACIC Vessel Hull and P&I Supp)
LIABILITY LIMITS REQUESTED		
	Option A	Option B
General Aggregate:	\$	\$
Prod. – Co. Ops. Aggregate:	\$	\$
Personal & Advertising Injury:	\$	\$
Each Occurrence:	\$	\$
Damage to Premises of Others:	\$	\$
Medical Expense (any one person):	\$	\$

OPERATIONS OVERALL	
1. Do you use a standard service contract, agreement or work order that sets out your responsibilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
a. Please attach a copy of your contract, agreement, work order, and/or warranty:	<input type="checkbox"/> Attached
2. Do you ever assume responsibility for any injury or property damage that may occur regardless of who may have caused the injury or damage?	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. Indicate Type of Work Performed and Percentage of Overall Operations:	
<input type="checkbox"/> Dredging _____%	<input type="checkbox"/> Vessel Survey _____%
<input type="checkbox"/> Pile Driving _____%	<input type="checkbox"/> Lift Installation _____%
<input type="checkbox"/> Dock, Pier, Wharf, Seawall and/or Marine Bulkhead _____%	<input type="checkbox"/> Salvage _____%
<input type="checkbox"/> Diving _____%	
<input type="checkbox"/> Other (describe): _____	_____%
<input type="checkbox"/> Non-Marine (describe): _____	_____%
4. Indicate Percentage of Overall Operations:	
<input type="checkbox"/> Commercial _____% <input type="checkbox"/> Residential _____% <input type="checkbox"/> Renovation _____% <input type="checkbox"/> New Construction _____%	
5. Describe the watercraft in your care, custody and control:	<input type="checkbox"/> N/A
6. Describe your last 5 jobs:	
a.	
b.	
c.	
d.	
e.	

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OPERATIONS OVERALL (continued)		
7.	Do you use any contractors or subcontractors?	<input type="checkbox"/> No <input type="checkbox"/> Yes
8.	If you use contractors or subcontractors, what Limits of Liability do you require them to carry? \$	<input type="checkbox"/> None
9.	If you use contractors or subcontractors, check all that apply:	
	<input type="checkbox"/> They name you as an additional insured to their liability policy <input type="checkbox"/> They sign an indemnification agreement/hold harmless agreement in your favor <input type="checkbox"/> You get copies of Certificates of Insurance from them and keep on file	
10.	Is any heavy equipment, including excavators, skid steers and cranes, owned or operated?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	a. Type of equipment:	
11.	Any equipment leased from others?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	a. Type of equipment leased:	
	b. Operators provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Lease basis:	
12.	Indicate the Number of Owners, Full Time Employees, and Part Time Employees That Makes Up the Applicant's Company:	
	a. Owners:	b. Full Time Employees:
		c. Part Time Employees:

ACCOUNT HISTORY						
	Current Year	1 Year Ago	2 Years Ago	3 Years Ago	4 Years Ago	5 Years Ago
Employee Payroll:	\$	\$	\$	\$	\$	\$
Total Gross Receipts:	\$	\$	\$	\$	\$	\$
Number of Losses: (insured & uninsured)						
Paid Losses:	\$	\$	\$	\$	\$	\$
Outstanding Losses:	\$	\$	\$	\$	\$	\$
13. Current insurance company:						
14. Current insurance premium:						
15. Has your insurance ever been cancelled or nonrenewed?					<input type="checkbox"/> No <input type="checkbox"/> Yes	
a. If yes, explain:						

PRODUCER'S SIGNATURE	DATE:
APPLICANT'S SIGNATURE	DATE: