

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Address: (if different than above) \_\_\_\_\_

Inspection: (Contact/Phone) \_\_\_\_\_

Years in Business Under Present Ownership: \_\_\_\_\_

Loss Payee(s): \_\_\_\_\_

Proposed Effective Dates of Coverage: From: \_\_\_\_\_ To: \_\_\_\_\_

Coverages Applied for:  Marine General Liability       Protection and Indemnity       Mobile Equipment  
 Tools       Crew Coverage       Other

Additional Coverages Applied for Under Separate ACORD application:  Property     Workers Compensation     Umbrella/Bumbershoot  
Also include ACORD 125 (information section)

**GENERAL INFORMATION**

1. Location(s) of Facility: A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_

2. Protection:  Lights       Chains       Fully Fenced       Watchman Service       Breakwater  
 Certified Central Station Alarm       Alarm System (not certified)       Other: \_\_\_\_\_

3. Describe Hurricane Emergency Plan:  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe Operational Area & Type of Work Done  
\_\_\_\_\_  
\_\_\_\_\_

5. Location of Risk Relative to Large Body of Water: \_\_\_\_\_

**LOSS INFORMATION**

1. Describe Any Losses Within the Past Five Years Including the Amount Paid: (Attach Five-Year Loss Run)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What Action Has Been Taken to Prevent Future Occurrences:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Present Insurance Carrier: \_\_\_\_\_  
Expiring Premium(s) \$ \_\_\_\_\_

4. Any Policy Coverage Declined, Canceled or Non-Renewed:  Yes  No If yes, explain:  
\_\_\_\_\_

**MARINE GENERAL LIABILITY**

1. Description of Marine Operations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Description of Non-Marine Operations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Breakdown of Operations: (Gross Receipts - Projected for the Coming Policy Term)

Pile Driving	\$ _____	Dock Building/Repair	\$ _____
Seawall Construction	\$ _____	Salvage Operations	\$ _____
Jetty Construction	\$ _____	Dredging Operations	\$ _____
Other (please describe):	_____		\$ _____
Non-Marine Work done (please describe):	_____		\$ _____
Other (please describe):	_____		\$ _____

4. Limits Desired: (select one column)

<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$500,000	Each Occurrence, Includes Sudden & Accidental Pollution Coverage (\$25,000 Deductible)
1,000,000	500,000	Products/Completed Operations
1,000,000	500,000	Personal & Advertising Injury
1,000,000	500,000	Protection & Indemnity Indicate Number of Vessels: _____
2,000,000	1,000,000	General Aggregate (Combined Single Limit)
100,000	100,000	Fire Legal Liability
5,000	5,000	Medical Payments Limit

5. Gross Receipts Last 12 Months (all operations combined): \$ \_\_\_\_\_

6. Deductible Desired:  \$ 2,500  \$5,000  \$10,000 Sudden & Accidental Pollution Coverage:  \$25,000 Deductible

7. Describe Exposure to Flammables, Chemicals or Explosives:  
\_\_\_\_\_  
\_\_\_\_\_

8. Any Blasting Operations or Explosive Storage:  Yes  No

9. Any Excavation, Tunneling or Earth Moving Operations:  Yes  No If yes, how frequently: \_\_\_\_\_

10. Any Bridge Work:  Yes  No If yes, how frequently: \_\_\_\_\_ What type: \_\_\_\_\_

11. Does Applicant Draw Plans, Designs or Specifications:  Yes  No If yes, how frequently: \_\_\_\_\_  
What type: \_\_\_\_\_

12. Does Applicant Lease Equipment to Others:  Yes  No  With Operators  Without Operators  
If yes, how frequently: \_\_\_\_\_ What type of equipment: \_\_\_\_\_

13. Does Applicant Lease/Charter Equipment From Others?:  Yes  No  
If yes, how frequently: \_\_\_\_\_ What type of equipment/vessels?: \_\_\_\_\_

14. Subcontractors  
Type of Work Subcontracted Out: \_\_\_\_\_ Percentage of Work Subcontracted Out: \_\_\_\_\_ %  
Do Subcontractors Carry Coverages or Limits Less than \$1,000,000:  Yes  No

Does Applicant Require Certificates of GL/Products and Workers Compensation Insurance from All Subcontractors:  Yes  No

15. Any Contractors Either Limiting or Extending the Liabilities Imposed by Law:  Yes  No  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

16. Any Formal Safety Programs in Effect:  Yes  No If yes, describe and attach a copy:  
\_\_\_\_\_  
\_\_\_\_\_

**HULL AND PROTECTION & INDEMNITY**

1. Number of Owned Boats \_\_\_\_\_ Chartered Vessels: \_\_\_\_\_

**WORKBOATS**

AGE	LENGTH	MANUFACTURER	SERIAL NUMBER	H.P.	VALUE
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

2. Describe Usage of Vessels: \_\_\_\_\_  
Any passenger carrying vessels:  Yes  No If yes, describe: \_\_\_\_\_

3. Navigation Area: \_\_\_\_\_

4. Deductible: (\$1,000 minimum) \$ \_\_\_\_\_ Lay-Up: From: \_\_\_\_\_ To: \_\_\_\_\_

5. Protection & Indemnity Limit: \$ \_\_\_\_\_

6. Crew Coverage Desired?  Yes  No  
If yes, does the applicant employ full time captains and/or crewmembers?  Yes  No If so, how many? \_\_\_\_\_

Gross Annual Payroll for Crew: \_\_\_\_\_

Does the Applicant Carry Workers Compensation Insurance including Longshoreman's and Harbor Workers Act?  Yes  No  
Carrier: \_\_\_\_\_

Describe waters where works is normally done:  
\_\_\_\_\_  
\_\_\_\_\_

(Continued on next page)

**INLAND MARINE EQUIPMENT**

1. List all mobile equipment to be insured hereunder:

YEAR	MAKE & MODEL	SERIAL NUMBER	VALUE
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

2. Deductible: (\$500 minimum) \$ \_\_\_\_\_

**TOOLS**

1. Tools belonging to the Employer: Maximum any one item \$ \_\_\_\_\_ Total Value \$ \_\_\_\_\_

2. Deductible (\$500. minimum): \$ \_\_\_\_\_

3. Value of Leased Equipment or Tools: \$ \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 One80 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 issuance.

Any person 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: \_\_\_\_\_