



**MARINE GENERAL LIABILITY INSURANCE APPLICATION**

When filling out this application, all questions must be answered or completed. If a question is not applicable to the operations of the company, please state N/A. If the answer is none, please 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 and leave no space blank.

The following definitions apply throughout this application: "You" and "your" means the applicant applying for insurance. "We", "our" and "us" mean the Insurance Company requesting the completed application.

1. NAME OF APPLICANT:
2. FULL MAILING ADDRESS:
3. FULL LOCATION ADDRESS:
4. STRUCTURE OF COMPANY (select one): Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other <input type="checkbox"/> Please describe other:
5. HOW MANY YEARS IN BUSINESS UNDER PRESENT MANAGEMENT: IF LESS THAN 5 YEARS PLEASE STATE PREVIOUS MANAGEMENT:
6. GIVE FULL DETAILS OF TYPE OF WORK, OPERATIONS AND ATTACH BROCHURES IF APPLICABLE:
7. POLICY PERIOD REQUESTED:
8. GROSS RECEIPTS FOR THE PAST THREE YEARS: Year:            Receipts: Year:            Receipts: Year:            Receipts:
9. PROJECTED GROSS RECEIPTS FOR NEXT YEAR:
10. DO YOU HAVE ANY U.S. EXPOSURE (eg. products sold to US market): Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please describe:  Percentage of gross receipts:
11. NUMBER OF FULL TIME EMPLOYEES:    PART TIME:
12. GROSS PAYROLL:
<b>SUB-CONTRACTORS</b>
13. a) Percentage of work contracted out:  b) Nature of work sub-contracted out:  c) Are certificates of insurance obtained from sub-contractors: Yes <input type="checkbox"/> No <input type="checkbox"/>  d) Provide details of contracts whereby you indemnify, hold harmless or release another party,. Please attach a attach sample contract:

**PRODUCTS**

14. a) Do you manufacture, install service or demonstrate products:  
Yes  No   
If Yes, explain:
- b) Provide details of research & development conducted or new products planned:
- c) Do you provide guarantees or warranties for products: Yes  No
- d) Has any product been recalled or discontinued in the past 5 years: Yes  No   
If yes, explain or describe:

**ENVIRONMENT**

15. a) Give age of storage tanks, numbers & size, contents, construction, whether above or below ground and when last surveyed:
- b) Do operations involved storing, treating, disposing or transporting hazardous or waste materials? Yes  No
- c) Are transporters, handlers, or disposal companies EPA certified and properly insured? Yes  No
- d) 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   
If YES please attach a separate sheet describing incident in detail.

**BUILDING DETAILS**

16. See please attached supplement and complete for each building or yard or structure that you conduct operations out of.

**GENERAL**

17. a) Are you a subscriber to workers compensation statutes: Yes  No
- b) Have you or any predecessor filed for bankruptcy protection in the past 5 years:  
Yes  No
- c) Do you conduct any blasting: Yes  No  explosives: Yes  No

**GENERAL continued...**

17. d) Do you use any mobile equipment: Yes  No   
If yes, please describe
- e) Do you lease equipment to others: Yes  No   
If yes, please describe leasing arrangement or attach applicable contracts.
- f) Give details of medical facilities or services provided:
- g) Is there a formal safety program in operation: Yes  No   
If yes, please describe:
- h) Other comments on safety procedures:

**INSURANCE HISTORY**

- 18. a) Carrier:
- b) Policy Number:
- c) Term:
- d) Do you currently have any other CGL policies in force for other operations NOT described above?:  
        If Yes please describe briefly these operations:  
  
        And provide Carrier and Policy No.:

**LOSS HISTORY**

- 19. a. Please list all losses or incidents that have occurred in the past five years (if none please state none):
  
- b. Have you been involved in any major losses at anytime? If so, please provide details:

COVERAGES REQUESTED	LIMIT OF LIABILITY REQUESTED
Marine Liability (specify):	
Commercial General Liability	
Bodily Injury and Property Damage Liability	
Products Completed Operations (Aggregate Limit)	
Personal Liability	
Medical Payments	
Tenants' Legal Liability	
Advertising Liability	
Employee Benefits Liability	
Non-owned automobile Liability	
Pollution Liability (Aggregate Limit)	
Additional Coverages Requested:	
Deductible Requested:	

By signing this building/location supplement you declare that all information contained herein is accurate and true to the best of your knowledge and understand that non-disclosure or misrepresentation of a material fact may entitle us to void the insurance. By signing this application you also grant permission for us or the broker or their representative to verify that the above information contained in this application is true.

Signature of Applicant: \_\_\_\_\_

Agency Name and Address: \_\_\_\_\_

Signature of Broker or agent: \_\_\_\_\_

**Supplementary application for all buildings**

<b>Applicant name and mailing address:</b>		
<b>Location a/o building address:</b>		
Building is owned <input type="checkbox"/> rented <input type="checkbox"/> Approximate value of building:		
<b>General:</b> Square feet:  Year Built:  Height:  Number of stories:	<b>Construction:</b> <input type="checkbox"/> Fire resistive <input type="checkbox"/> N.S.F.R. <input type="checkbox"/> Incombustible <input type="checkbox"/> Brick / Veneer <input type="checkbox"/> Brick / Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Other:	<b>Finish:</b> <input type="checkbox"/> Open <input type="checkbox"/> Combustible <input type="checkbox"/> Non-combustible <input type="checkbox"/> Other:
<b>Roof Decking:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Mill <input type="checkbox"/> Patent / wood joist	<b>Roof Covering:</b> <input type="checkbox"/> Patent <input type="checkbox"/> Wood Shingles <input type="checkbox"/> Metal <input type="checkbox"/> Tar Paper <input type="checkbox"/> Other:	<b>Chimney:</b> <input type="checkbox"/> Brick/masonry from ground <input type="checkbox"/> Listed pre-fab metal <input type="checkbox"/> Other:
<b>Grade Floor:</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Wood joist <input type="checkbox"/> Other:	<b>Floor openings:</b> <input type="checkbox"/> Open to storey <input type="checkbox"/> Open to basement <input type="checkbox"/> Other:	<b>Beams:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other:
<b>Access Detachment:</b> <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> All sides (is building attached to others etc...)	<b>Exposures:</b> (ie describe neighbors)	<b>Fuses:</b> <input type="checkbox"/> Ordinary fuses Type:  <input type="checkbox"/> Circuit Breakers
<b>Wiring:</b> <input type="checkbox"/> Conduit <input type="checkbox"/> Romex <input type="checkbox"/> B.X. <input type="checkbox"/> Other:	<b>Fuel:</b> <input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Gas <input type="checkbox"/> None <input type="checkbox"/> Electric <input type="checkbox"/> Other:	<b>Heating:</b> <input type="checkbox"/> Electric <input type="checkbox"/> Forced warm air <input type="checkbox"/> Steam <input type="checkbox"/> Hot water <input type="checkbox"/> Woodstove (attach latest inspection) <input type="checkbox"/> Other:
<b>Fire Protection:</b> Distance from fire hydrant:  Distance from fire hall:  Volunteer or paid fire hall:	<b>Internal Fire Protection:</b> <input type="checkbox"/> Sprinklered <input type="checkbox"/> Central Station <input type="checkbox"/> CO2 System <input type="checkbox"/> Hand held fire extinguishers <input type="checkbox"/> Automatic Stand pipe & hose <input type="checkbox"/> Manual Stand pipe & hose <input type="checkbox"/> Other:	<b>Internal Fire Alarms</b> <input type="checkbox"/> Smoke detectors <input type="checkbox"/> Fire alarms <input type="checkbox"/> Other:
<b>External Security:</b> <input type="checkbox"/> Area completely fenced <input type="checkbox"/> Watchmen services <div style="text-align: right;">24 hour <input type="checkbox"/></div> <div style="text-align: right;">Nighttime only <input type="checkbox"/></div> <input type="checkbox"/> Floodlights <input type="checkbox"/> Guard dogs <input type="checkbox"/> Other:	<b>Internal Security:</b> <input type="checkbox"/> Local alarm <input type="checkbox"/> Central alarm <input type="checkbox"/> Monitoring alarm <b>Protects:</b> <input type="checkbox"/> Premises <input type="checkbox"/> Vault <input type="checkbox"/> Safe	<b>Other security:</b> <input type="checkbox"/> Bars on windows <input type="checkbox"/> Steel door <input type="checkbox"/> Other: