



MARINE GENERAL LIABILITIES APPLICATION

INTEGRATED SPECIALTY COVERAGES, LLC
1811 ASTON AVE, STE 200
CARLSBAD, CA 92008

ASSURED	
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ASSURED'S OPERATION	GROSS REVENUE LAST THREE YEARS	\$
	ESTIMATED REVENUE FOR NEXT YEAR	\$
	% OF TOTAL REVENUE THAT IS NON-MARINE	%

BROKER	
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INCEPTION	
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	COVERAGE REQUESTED	LIMIT	DEDUCTIBLE
MARINE SPECIFIC LIABILITIES	GENERAL LIABILITY	<input type="checkbox"/>	\$
	WHARFINGER'S / LANDING DOCK	<input type="checkbox"/>	\$
	TERMINAL OPERATOR'S LEGAL LIABILITY	<input type="checkbox"/>	\$
	SHIP REPAIRER'S LEGAL LIABILITY	<input type="checkbox"/>	\$
	CHARTERER'S LEGAL LIABILITY	<input type="checkbox"/>	\$
	STEVEDORE'S LEGAL LIABILITY	<input type="checkbox"/>	\$
	TANKERMAN'S LEGAL LIABILITY	<input type="checkbox"/>	\$

PLEASE COMPLETE CLASS-SPECIFIC QUESTIONS BELOW
AND
ATTACH APPLICABLE LOSS HISTORY

MARINE GENERAL LIABILITY	WHAT % OF WORK IS SUBCONTRACTED?	____%
	DO YOUR SUBCONTRACTORS CARRY INSURANCE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	DO YOU HAVE CONTRACTS EXTENDING YOUR LIABILITIES IMPOSED BY LAW?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	DOES THE APPLICANT EVER OWN/OPERATE/CHARTER ANY WATERCRAFT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	DOES THE APPLICANT HAVE ANY STORAGE EXPOSURE FOR CARE, CUSTODY, AND CONTROL OF THIRD PARTY PROPERTY OTHER THAN WATERCRAFT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ANY EXPOSURE TO FLAMMABLES, CHEMICALS, OR EXPLOSIVES?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	DO YOU PROVIDE OFFSHORE WORK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	DOES THE APPLICANT LEASE EQUIPMENT TO OTHERS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	DOES THE APPLICANT LEASE ANY EMPLOYEES FROM OR TO OTHERS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	HAS THE APPLICANT'S MARINE LIABILITY INSURANCE EVER BEEN CANCELLED OR NON-RENEWED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	DO YOU HAVE A HISTORY OF VIOLATIONS AND/OR ENFORCEMENT ACTIONS RELATIVE TO WORK IN TIDAL WETLANDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	HAS THE APPLICANT AND/OR AFFILIATED COMPANIES BEEN INVOLVED WITH BANKRUPTCY PROCEEDINGS?	<input type="checkbox"/> Yes <input type="checkbox"/> No

WHARFINGER LANDING DOCK	BARGE (NON-SELF PROPELLED)# OF DAYS	
	SELF-PROPELLED # OF DAYS	
	BLUE WATER # OF DOCKINGS	

TERMINAL OPERATOR LEGAL LIABILITY	BULK	or	%
	DRY	or	%
	LOCATION(S) TO BE INSURED		
	BUILDING CONSTRUCTION(S)	<input type="checkbox"/> Fire-Resistive <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Jointed Masonry	<input type="checkbox"/> Modified Fire-Resistive <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Wood Frame

SHIPREPAIRER LEGAL LIABILITY	DO YOU PROVIDE ANY OF THESE SERVICES?	<input type="checkbox"/> Conversion / Re-conversion <input type="checkbox"/> Hot Work / Gas Freeing / Fuel Line Work <input type="checkbox"/> Underwater Work / Diving / Submarine Activities <input type="checkbox"/> Manufacturing of any product <input type="checkbox"/> Professional advice/services/consulting/plans/designs <input type="checkbox"/> Vessel Construction
	BREAKDOWN OF REVENUE BY TYPE OF WORK	___% Boiler & Machinery ___% Hull ___% Electrical ___% Welding ___% Painting / Cleaning ___% Other
	BREAKDOWN OF REVENUE BY VESSEL TYPE	___% Recreational Boats ___% Tugs & Barges ___% Passenger Vessels ___% Offshore Supply Vessels ___% Blue Water Vessels

CHARTERER LEGAL LIABILITY	TIME	<ul style="list-style-type: none"> ▪ Age of Vessel: _____ ▪ Tonnage: _____ ▪ Total Trips: ____
	VOYAGE	# of voyages _____
	BARGE	# of moves _____

STEVEDORE LEGAL LIABILITY	CARGO TYPE	<input type="checkbox"/> Bulk Cargo / Grain - \$ _____ <input type="checkbox"/> Break Bulk Cargo - \$ _____ <input type="checkbox"/> Containerized Cargo - \$ _____ <input type="checkbox"/> Scrap Cargo - \$ _____ <input type="checkbox"/> Steel (non-containerized) \$ _____ <input type="checkbox"/> Roll-On Roll-Off - \$ _____ <input type="checkbox"/> Automobiles - \$ _____
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TANKERMAN LEGAL LIABILITY	RECEIPTS	
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IF HULL / P&I COVERAGES ARE REQUIRED, PLEASE COMPLETE THE HULL AND P&I APPLICATION

APPLICANT SIGNATURE

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NOTICE TO APPLICANTS: 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.

NOTICE TO CALIFORNIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.