

MARINE COMPREHENSIVE LIABILITY POLICY APPLICATION

DATE _____

A. GENERAL INFORMATION

A. Account Name _____

Address: _____

City / State / Country: _____ Postal Code: _____

Website: _____ Phone: _____

B. Insurance Agent or Broker: _____

Address: _____

City / State / Country: _____ Postal Code: _____

Email: _____ Phone: _____

C. Description of Business: _____

Number of years in business under current management: _____

List all locations owned rented or controlled by the applicant and identify location type (factory, warehouse, office, yard, terminal, dock, float, etc.). If jointly occupied, identify the part occupied and designate locations to which Landlord's Protection Rule applies:

Location Name / Address	Location Type	Owned / General Lessee / Tenant	If jointly occupied, identify part occupied	Landlord Protection Rules Apply (Y or N)

 Any structural alterations, construction or demolition operations planned at any locations? Yes No If Yes, please explain: _____

D. Operations

	Est. 201__	201__	201__	201__
Annual Advertising Expenditure	\$	\$	\$	\$
Annual Sales	\$	\$	\$	\$
Annual Gross Receipts	\$	\$	\$	\$
Annual Payroll	\$	\$	\$	\$
No. of Employees (Excluding Shipboard)				
No. of Employees (Including Shipboard)				
Annual Throughput (if applicable)				

Does Applicant use crewing agencies? Yes No
If Yes, percentage of total: _____ %

Has any operation been sold, acquired or discontinued in last 5 years?
 Yes No If Yes, please explain: _____

Is advertising agency used? Yes No Please specify: _____

Is applicant involved in any of the following operations?

Activity	Yes or No	If Yes, please describe
Manufacturing, distribution, installation of any product		
Nuclear Energy or Defense work		Explain & provide revenues
Blasting or using explosives		
Explosive materials or hazardous substances used or stored on premise		
Store, treat, discharge, apply, dispose of or transport hazardous materials		
Evacuation, tunneling, underground work, earth moving		
Lease equipment to others with or without operators		
Own, maintain or operate a railroad		
Employ doctors, nurses and/or operate a hospital		Explain & provide number of employed doctors, nurses, etc.

Does the Applicant have a formal Safety Program? Yes No
If Yes, please describe: _____

Does the Applicant require Subcontractors to submit Certificate of Insurance?
 Yes No If Yes, provide limits: _____

Describe any watercraft exposure to the following specifications. If any non-owned vessels are used, please explain and identify:

Vessel	Year Built	Dimensions	GRT	No. of Crew	Non-Owned? Yes or No

B. Insurance Coverage Information

Proposed Effective Date: _____

Provide details and attach copies of any contractual Liability agreement or general agency agreement: _____

Any railroads owned, maintained, or operated by Applicant? Yes No
If Yes, please describe: _____

Describe any exposures under the following:

	Insurance Limit	Premium	Payroll
Longshoreman's & Harborworker's Act	\$	\$	\$
Federal Railroad Employees Act	\$	\$	\$
Admiralty or Jones Act	\$	\$	\$

List other Liability Insurance carried by Applicant:

Carrier	Policy Type	Limit	Aggregate	Annual Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

Please provide details of any specific limitations or exclusions in primary insurance: _____

Is there other insurance written by or submitted to Continental Underwriters?

Yes No If Yes, please provide details _____

Limits Requested:

	Each Person	Each Accident	Annual Aggregate
Property Damage	\$ _____	\$ _____	\$ _____
Bodily Injury	\$ _____	\$ _____	\$ _____

Deductible Requested: _____

Does Applicant require Excess Coverage? Yes No

If Yes, what options are requested: _____

C. Account History

Current Insurance Policy with _____

Details of current insurance policy (form, limit, deductible, rate) _____

Has current insurance company requested replacement of coverage or sent notice of cancelation? Yes No

Describe the largest claim ever made against the Applicant: _____

List total losses paid during current primary policy period (indicate whether auto, general, products, other): _____

Premium & Loss information for last 5 year period: (attach full loss experience details - list all claims insured or not during past 5 years on all operations)

Any person who knowingly and with intent to defraud any insurance company or other person files an application of 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.

Signature of Applicant _____ Date _____

Signature of Broker