

MARINE COMPREHENSIVE LIABILITY APPLICATION



Worldwide Facilities, Inc.

1. APPLICANT:

FIRST NAMED INSURED AND OTHER NAMED INSUREDS:

FULL ADDRESS:

2. PRODUCER:

PRODUCER NAME AND ADDRESS:

PRODUCER CONTACT(S):

PHONE #: ()

FAX #: ()

3. INSPECTION/AUDIT CONTACTS:

INSPECTOR:

TELEPHONE:
()

ACCOUNTING RECORDS:

TELEPHONE:
()

4. PREMISES INFORMATION:

#	FULL ADDRESS	INTEREST	YR. BUILT	PART OCCUPIED
1.				
2.				
3.				

5. DESCRIPTION OF OPERATIONS:

NATURE OF BUSINESS/COMPLETE DESCRIPTION OF OPERATIONS:

6. EXPIRING INFORMATION:

CARRIER:	LIMIT:	DEDUCTIBLE:	RATE:	PREMIUM:
	\$	\$	\$ %	\$

7. PROPOSED POLICY TERM:

FROM:	TO:	TIME:	STANDARD TIME

8. LIMIT/DEDUCTIBLE(S) REQUESTED:

LIMIT: \$	DEDUCTIBLE(S): \$	PER: () CLAIM () OCCURRENCE

9. INDICATE APPLICATION SUPPLEMENTS ATTACHED/COVERAGES REQUESTED:

<input type="checkbox"/> SHIP REPAIRER'S	<input type="checkbox"/> TERM. OPS. - DRY	<input type="checkbox"/> MARINA OPERATOR'S	<input type="checkbox"/> LOSS RECORD
<input type="checkbox"/> WHARFINGER'S	<input type="checkbox"/> TERM OPS. - LIQUID	<input type="checkbox"/> P&I (EXCL. CREW)	<input type="checkbox"/> OTHER:
<input type="checkbox"/> STEVEDORE'S	<input type="checkbox"/> TANKERMAN'S	<input type="checkbox"/> CHARTERERS	<input type="checkbox"/> OTHER:

10. OTHER ENDORSEMENTS REQUESTED:

IDENTIFY OTHER ENDORSEMENTS BEING REQUESTED:

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11. FIVE YEAR HISTORY OF EXPOSURE DATA & DEDUCTIBLES:

YEAR	GROSS RECEIPTS	SUB CONTRACT COSTS	PAYROLL	DEDUCTIBLE	LIMIT
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
EST. FOR NEXT POLICY YEAR	\$	\$	\$	\$	\$

12. MARINE VS. NON MARINE:

PERCENT OF RECEIPTS DERIVED FROM MARINE RELATED OPERATIONS:	MARINE OPERATIONS:	%	NON MARINE OPERATIONS:	%
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13. GENERAL INFORMATION (EXPLAIN ALL "YES" RESPONSES):

	YEARS
a. YEARS IN BUSINESS?	
b. IS THIS APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	() YES () NO
c. HAS THE COVERAGE(S) BEING REQUESTED BEEN CANCELED OR NON RENEWED DURING THE PRIOR FIVE YEARS? IF YES, EXPLAIN BELOW.	() YES () NO
d. DURING THE PREVIOUS FIVE YEARS HAS THE COVERAGE(S) BEING REQUESTED EVER BEEN WRITTEN ON A CLAIMS MADE BASIS OR WITH A DISCOVERY PERIOD? IF YES, ANSWER THE FOLLOWING QUESTIONS: PROPOSED RETROACTIVE DATE? HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED, OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY? IF YES, EXPLAIN BELOW.	() YES () NO DATE: _____ () YES () NO () YES () NO
e. ARE ANY MEDICAL FACILITIES PROVIDED OR DOCTORS EMPLOYED/CONTRACTED?	() YES () NO
f. WERE ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN THE LAST FIVE (5) YEARS?	() YES () NO
g. DOES THE APPLICANT RENT, LEASE OR LOAN MACHINERY, TOOLS OR EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATOR?	() YES () NO
h. ARE PARKING FACILITIES OWNED OR RENTED? IF YES, IS A FEE CHARGED FOR PARKING?	() YES () NO () YES () NO
i. DOES THE APPLICANT HAVE A SWIMMING POOL ON THE PREMISES OR ARE ANY RECREATIONAL FACILITIES PROVIDED?	() YES () NO
j. DOES THE APPLICANT SPONSOR OR PLAN TO SPONSOR ANY SPORTING OR SOCIAL EVENTS?	() YES () NO
k. ARE ANY STRUCTURAL ALTERATIONS OR DEMOLITION EXPOSURES CONTEMPLATED?	() YES () NO
l. DOES THE APPLICANT DRAW PLANS, DESIGNS OR SPECIFICATIONS?	() YES () NO
m. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?	() YES () NO
n. DOES THE APPLICANT OWN, OPERATE, LEASE, BORROW OR CHARTER ANY WATERCRAFT?	() YES () NO
o. ARE ALL WATERCRAFT IN 13n. ABOVE SEPARATELY COVERED BY PROTECTION AND INDEMNITY INSURANCE INCLUDING CONTRACTUAL LIABILITY? (IF YES, DESIGNATE BELOW THE P&I COVERAGE FORM USED. IF NO, EXPLAIN BELOW)	() YES () NO
p. IS THE APPLICANT A NON SUBSCRIBER TO ANY STATE AND/OR FEDERAL WORK COMP. STATUTES?	() YES () NO
q. DOES THE APPLICANT PURCHASE COVERAGE EXCESS OF THIS INSURANCE? (IF YES, DESIGNATE BELOW THE TOTAL LIMITS PURCHASED)	() YES () NO
r. DOES THE APPLICANT PURCHASE MARITIME EMPLOYER'S LIABILITY INSURANCE? (IF YES, DESIGNATE BELOW IF THE ALTERNATE EMPLOYER ENDORSEMENT IS PROVIDED)	() YES () NO

MARINE COMPREHENSIVE LIABILITY APPLICATION - CONTINUED

13. GENERAL INFORMATION (EXPLAIN ALL "YES" RESPONSES) - (CONTINUED):

s. DOES THE INSURED PURCHASE E&O AND D&O INSURANCE? (IF YES, DESIGNATE BELOW THE LIMITS PURCHASED)	() YES () NO
t. DOES THE APPLICANT EMPLOY OR UTILIZE THE SERVICES OF ANY COMMERCIAL DIVERS?	() YES () NO
u. IN THE LAST FIVE YEARS HAS THE APPLICANT OR ANY PREDECESSOR COMPANY EVER FILED FOR BANKRUPTCY PROTECTION?	() YES () NO
REMARKS:	
LIST THE PRINCIPAL STATES AND/OR OTHER LOCATIONS IN WHICH OPERATIONS ARE CONDUCTED:	
LIST THE PRINCIPAL ENTITIES OR CORPORATIONS FOR WHICH WORK IS PERFORMED:	
WHAT IS THE PERCENT OF WORK PERFORMED FOR OTHERS WHERE INDEMNITY/RELEASE/HOLD HARMLESS AGREEMENTS ARE GIVEN IN FAVOR OF THE OTHER PARTY? %	

14. LEASED/TEMPORARY WORKERS/SUBCONTRACTORS:

	LEASED WORKERS	TEMPORARY WORKERS	SUB CONTRACTORS
a. DOES THE APPLICANT UTILIZE?	() YES () NO	() YES () NO	() YES () NO
b. ARE THERE INDEMNITY AGREEMENTS IN PLACE IN THE APPLICANT'S FAVOR WITH THE PROVIDER OF?	() YES () NO	() YES () NO	() YES () NO
c. IS THE APPLICANT NAMED AS AN ALTERNATE EMPLOYER ON THE PROVIDER'S WORK COMP. POLICY?	() YES () NO	() YES () NO	() YES () NO
d. ARE CERTIFICATES OF INSURANCE OBTAINED FROM ALL PROVIDERS?	() YES () NO	() YES () NO	() YES () NO
e. DOES THE APPLICANT PROVIDE WORK COMP. COVERAGE FOR THESE WORKERS?	() YES () NO	() YES () NO	() YES () NO
f. WHAT WAS THE APPLICANT'S COST FOR THIS SERVICE OVER THE PAST TWELVE MONTHS?	\$	\$	\$
g. WHAT ARE THE MINIMUM CGL LIMITS REQUIRED FROM THE PROVIDER?	\$	\$	\$
h. IF THE ANSWER TO "a" IS YES, ATTACH A COPY OF THE STANDARD AGREEMENT/WORK ORDER USED. IF NO AGREEMENT OR WORK ORDER IS USED, PLEASE EXPLAIN:			
IF SUBCONTRACTORS ARE USED:	WHAT PERCENT OF WORK IS SUBCONTRACTED OUT? %		
	UNDER WHOSE DIRECTION AND CONTROL DO THEY WORK?		
	WHAT IS THE NATURE OF THE WORK SUBCONTRACTED OUT?		

MARINE COMPREHENSIVE LIABILITY APPLICATION - CONTINUED

15. ENVIRONMENTAL/SAFETY (EXPLAIN ALL "YES" RESPONSES):

a. DO OPERATIONS INVOLVE STORING, TREATING, DISCHARGING, APPLYING, DISPOSING OR TRANSPORTING OF HAZARDOUS MATERIAL OR WASTE? IF YES, EXPLAIN BELOW THE COMPOSITION AND HOW THEY ARE STORED AND DISPOSED OF?	() YES () NO
b. IS THERE ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, OR CHEMICALS?	() YES () NO
c. IS THERE ANY CATASTROPHE EXPOSURE WHICH YOU ARE AWARE OF?	() YES () NO
d. ARE ALL TRANSPORTERS AND/OR HANDLERS AND/OR DISPOSAL COMPANIES EPA CERTIFIED AND PROPERLY INSURED?	() YES () NO
e. ARE AIR EMISSIONS AND EFFLUENT DISCHARGES MONITORED?	() YES () NO
f. IS THE APPLICANT IN NON COMPLIANCE WITH ANY STATUTES, STANDARDS, OR OTHER GOVERNMENT REGULATIONS RELATING TO THE PROTECTION OF THE ENVIRONMENT?	() YES () NO
g. IS A FORMAL SAFETY PROGRAM IN OPERATION?	() YES () NO
h. WHO IS RESPONSIBLE FOR SAFETY, ENVIRONMENTAL SAFETY AND CONTROL? (INCLUDE NAME, TITLE, YEARS EXPERIENCE IN THIS JOB AND REPORTING RELATIONSHIPS)	
REMARKS:	

16. PRODUCTS/COMPLETED OPERATIONS (EXPLAIN ALL "YES" RESPONSES)

PRODUCT(S)	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
	\$		YRS	YRS		
	\$		YRS.	YRS.		
	\$		YRS.	YRS.		

a. DOES THE APPLICANT MANUFACTURE, INSTALL, SERVICE OR DEMONSTRATE ANY PRODUCTS?	() YES () NO
b. IF APPLICANT ANSWERED "YES" TO QUESTION "a" ABOVE, ARE ANY OF THESE PRODUCTS INTENDED FOR USE OUTSIDE THE MARITIME INDUSTRY?	() YES () NO
c. DOES THE APPLICANT CONDUCT RESEARCH AND DEVELOPMENT OR ARE NEW PRODUCTS PLANNED?	() YES () NO
d. DOES THE APPLICANT PROVIDE GUARANTEES, WARRANTIES OR HOLD HARMLESS AGREEMENTS WITH RESPECT TO ANY PRODUCTS?	() YES () NO
e. HAVE ANY PRODUCTS BEEN RECALLED, DISCONTINUED, CHANGED?	() YES () NO
f. ARE PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER THE APPLICANT'S LABEL?	() YES () NO
g. ARE PRODUCTS SOLD UNDER THE LABEL OF OTHERS?	() YES () NO
h. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?	() YES () NO
REMARKS:	

17. SIGNATURES:

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