

Marine Contractors Application

1. Date of Application: _____

2. Insured Name: _____

3. Insured Address: _____
Street City State Zip

4. Insured Location(s) (Property, facilities, and offices that are owned, rented, leased or occupied by you and are insured hereunder; state whether factory, warehouse, office, yard, terminal, docks, floats, etc.)

a. _____

b. _____

c. _____

5. Agent/Broker Name: _____

6. Agent/Broker Address: _____
Street City State Zip

7. Is this account new to the agent? Yes No
If no, how many years has account been held: _____

8. Proposed Policy Period: _____ to _____

9. Description of Operations: Boat Lift Installation Revetment Construction Carpentry
 Pile Driving Seawall Construction Dock Construction Excavation
 Other: _____ Other: _____ Other: _____

10. Number of Years in Business: _____ Number of Years under Current Management: _____

11. Gross Revenues:

Prior Year	Current Year	Next Year Estimate

12. Are revenues generated by any operations other than those described above? Yes No
If yes, please give details: _____

13. % of Marine Operations: _____ % of Non-Marine Operations: _____

14. Number of Employees Engaged in "Over-Water" Activities: _____

15. Gross Payroll Split:

	Prior Year	Current Year	Next Year Estimate
Jones Act			
LSHWA			
Workers' Comp			
Total			

16. Details of safety/loss prevention programs in place: _____

17. Details of yard protection: _____

18. Have the applicant's operations been subject to an independent safety audit? Yes No

If yes, please give details of audit and recommendations: _____

19. Details of pre-employment screening programs carried out by the applicant prior to the hiring of any new employee, attaching additional sheets if needed. Please be specific on extent of drug screening and physical examinations:

20. Are the above carried out for all newly appointed employees? Yes No

21. What sources are used for recruiting new employees (staffing agencies, labor pools, unions, classified advertising, etc.): _____

22. Are there any Assumed Contractual Liabilities? Yes No

23. Do you use a subcontractor? Yes No

24. Do you subcontract work? Yes No

If yes, work subcontracted: _____%

If yes, are subcontractors required to provide certificates of insurance? Yes No

Limit of Liability: \$ _____

Are you added as an additional insured under said insurance? Yes No

Do subcontractors waive their rights of subrogation against you? Yes No

25. Do you utilize employee leasing services and/or temporary workers? Yes No

If yes, are they required to provide certificates of insurance?

Yes No

Limit of Liability: \$ _____

Are you added as an additional insured under said insurance?

Yes No

Do they waive their rights of subrogation against you?

Yes No

HULL & MACHINERY

1. Number of years applicant has operated vessels: _____

2. Please describe experience of vessel operator(s), including USCG License Info: _____

Vessel Information (or attach vessel schedule)

Vessel Name	Type	Year Built	Length	Propulsion/ HP	Date of Last Overhaul/ Repower	Requested Amount of Insurance	Requested Deductible

Normal Berth Location(s):

Mortgagee Information:

Requested Navigation Limits:

Dates of Last Surveys (Please attach copies if available):

PROTECTION & INDEMNITY

1. Limit of Liability: \$ _____

Bodily Injury Deductible: \$ _____

2. Property Damage Deductible: \$ _____

3. What is the total number of crew employed by the applicant? _____

4. Do the crew work on a time shift basis? Yes No

If yes, please specify the following:

- a. Period of time for each shift: _____
- b. Number of shifts in one 24 hour day: _____
- c. Number of crew assigned to each shift: _____

5. Does the crew from one shift remain on board after being relieved by the next shift? Yes No

EQUIPMENT

Tools and Equipment Information (or attach equipment schedule)

Name/Description	Year Built	Model	Requested Amount of Insurance	Requested Deductible

1. Current Insurance Carrier: _____

2. How many years: _____

3. Current MGL Deposit Premium: _____ Adjustment Rate: _____

4. Has any company ever canceled or non-renewed insurance for this application, either under the current corporate name or as another entity? Yes No

If yes, please provide details: _____

5. Has the applicant and/or its affiliated companies ever been involved in bankruptcy proceedings? Yes No

Loss Experience: Please attach five (5) years of ground up company loss runs.

The above information is true and correct to the best of my knowledge. I understand that I am not bound to accept the insurance and, those underwriters are not bound to accept this risk.

Signature of Applicant

Date

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