

Paul Lynch & Associates, Inc.
Insurance Consultants & Agents

MARINE CONTRACTORS /SHIP REPAIRERS LIABILITY PROGRAM

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Today's Date:

Effective/Renewal Date:

Applicant's Name:					
Telephone No.			Facsimile No.		
Mailing Address:					
Physical Address:					
Territory:					
Limit of Liability Required:		\$			
History of Company/No. Years Under Present Management:					
Gross Receipts:		Past 12 Mos.:		Next 12 Mos.:	
Approximate % breakdown of gross receipts for the past 12 months:					
Engineering/Survey/Inspection	%	Dock Building	%	Maintenance	%
Ship Repair	%	Subsurface Construction	%	Seawall & Bulkhead	%
Ship Building:	%	Other:	%	Other:	%
Any other General Liability Exposures:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:		
Annual Payroll:		Past 12 Mos.: \$		Next 12 Mos.: \$	
Any significant changes in your operation contemplated for the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:		
% of Subcontractors used:		%	Are Certificates of Insurance Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there any Safety Program in force?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:		
Does the applicant use or store explosives?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:		
List vessels owned or used:					
Additional Comments:					
List last 5 jobs/projects – description:					
1.					
2.					
3.					
4.					
5.					
Previous carrier & loss information:					
Years	Company	\$ Premium	\$ Losses		

Signature of Applicant _____ Date _____