

Paul Lynch & Associates, Inc.
Insurance Consultants & Agents

MARINE CONTRACTORS LIABILITY PROGRAM

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:			
Bridge Repair or Construction	%	Seawall or bulkhead repair or construction	%
Ship Repair	%	Dock or pier repair or construction:	%
Other:	%	Davit or boatlift repair or installation	%
Any other General Liability Exposures:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Annual Payroll:	Past 12 Mos.: \$	Next 12 Mos.: \$	
Total # of Employees:	FT:	PT:	
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 a Safety Program in force?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Does the applicant use/store explosives?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
List all vessels owned or used:			
Do you perform or plan to be involved with any aspect of residential foundation piling installation, jetting, driving or any involvement at all of foundation pilings?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If so please provide details?			
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 _____