



Marine Managers

Commercial Marine and Longshore Insurance
So it's always smooth sailing

LIGMarine.com



“Thanks for the quick work. LIG really excels in customer service!”

– R.H. / Marine Insurance Advisor

DELIVERING LONGSHORE COVERAGE AT ITS BEST

From simple to complex, either a single state or every state, you will find LIG leading the way in COVERAGE.

LIG provides a unique combination of comprehensive Longshore coverage, with speedy and efficient turn-around service. Our knowledgeable Longshore experts and dedicated efficient staff are here to structure programs that best fit the needs of your clients.

THE LIG COMMITMENT

Educational Training and Resources

LIG provides all the tools needed for a complete understanding of Longshore:

- Online Videos
- Longshore Blog
- Longshore Toolbox

For a List of our Upcoming Seminars visit: LIGMarine.com

LIG LONGSHORE COVERAGE

LONGSHORE LITE

- Premiums \$10,000-\$200,000

LONGSHORE MONOLINE

- Premiums \$10,000 & up
- Including single projects

LONGSHORE CUSTOM

- Premiums from \$200,000 into the millions
- Custom solutions
- Packaged with WC & MEL or Monoline

Special Programs Tailor-made for:

- Marine Labor Providers
- Divers
- Bridge Painters

CONTACT



SUBMISSIONS:

Submit@LIGMarine.com



QUESTIONS:

Ask@LIGMarine.com



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(215) 554-6777

London, UK
+44 20710 13935

Longshore Supplemental Application

Employer Name: _____
 Employer Primary Contact: _____ Phone: _____
 Email: _____ Website: _____
 Descriptions of Operations: _____

Safety and Employee Management

- 1 Check all methods used prior to hiring employees:

| | |
|---|--|
| <input type="checkbox"/> Pre-Employment Physicals | <input type="checkbox"/> Medical Questionnaire |
| <input type="checkbox"/> Motor Vehicle Record Screening | <input type="checkbox"/> Criminal Background Check |
- 2 Does the applicant conduct employee safety orientation training? Yes No
- 3 Does the applicant have a formal written safety program in place? Yes No
 If yes, explain: _____

- 4 Does the applicant have a formal fall protection program in place? Yes No
 If yes, explain: _____

- 5 Does the applicant have a fleet safety program in place? Yes No
 If yes, explain: _____

- 6 Is there an appointed Safety Director? Yes No
 If yes, enter name of person responsible: _____
- 7 Are safety meetings and training conducted? Yes No
 If yes, how often? _____
- 8 Does the applicant review and/or document accident investigations? Yes No
- 9 Does the applicant have a formal return-to-work program in place? Yes No
 If no, are you willing to implement a return-to-work program? Yes No
- 10 Do any employees work on vessels while the vessel is away from the dock? Yes No
- 11 Do employees use personal protective equipment? Yes No
- 12 Does the applicant have a formal drug testing program? Yes No
 If yes, check all that apply:

| | |
|--|---|
| <input type="checkbox"/> Pre-employment/Post-offer | <input type="checkbox"/> Post-Accident |
| <input type="checkbox"/> Employee Assistance Program | <input type="checkbox"/> Random – Percentage: _____ % |
- 13 Does the applicant provide health insurance? Yes No
- 14 What is the average weekly wage rate for the applicant's governing code? \$ _____ per Hr Wk
 If other, please explain: _____ Ann Other
- 15 Do you own/charter/lease or operate any aircraft? Yes No

Premium, Payroll, and Experience Mod History

Please fill in the correct amount for each of the following:

| | Current Term | 1st Prior | 2nd Prior | 3rd Prior | 4th Prior |
|----------------|--------------|-----------|-----------|-----------|-----------|
| Carrier | _____ | _____ | _____ | _____ | _____ |
| Premium | _____ | _____ | _____ | _____ | _____ |
| Payroll | _____ | _____ | _____ | _____ | _____ |
| Experience Mod | _____ | _____ | _____ | _____ | _____ |

Please attach a copy of the current experience mod worksheet. Attached

Please attach a copy of the renewal term experience mod worksheet. Attached

Additional Coverages Required

Please select any additional coverage(s) required for the applicant (check all that apply):

- Outer Continental Shelf Lands Act Endorsement Blanket Waiver of Subrogation
- Alternate Employer

Additional comments or remarks:

Additional Requirements - Please Attach the Following

- A fully completed WC Acord Application
- At minimum current and 4 prior terms loss runs - not over 3 months old
- If in business for LESS THAN 3 years OR if no prior coverage:
 - Resume of Principal(s) detailing experience in this type of operation and an explanation of why no prior coverage

Information Provided By

Insured:

Name

Title

Signature

Date

Phone Number

Agent:

Name

Title

Signature

Date

Phone Number