

MARINE GENERAL LIABILITY SUPPLEMENT

GENERAL INFORMATION

1. Named Insured:	
2. Percentage work on/off premises:	% ON % OFF
3. Average value of vessels worked on:	
4. Max. value of vessels worked on:	
5. Max. value of ALL vessels in yard at one time:	
6. Do you install, service or demonstrate products?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Any foreign products sold, distributed, used as components?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Guarantees, warranties, hold harmless agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Products recalled, discontinued, changed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Products of others sold or repackaged under applicant's label?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Products under label of others?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Sporting or social events sponsored?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Please explain any "Yes" answers for #6-12 above:	
14. Is all work being carried out in accordance with the local authority and fire regulations?	Yes <input type="checkbox"/> No <input type="checkbox"/>

I/we hereby declare that the above information and are true and I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with underwriters if issued.

APPLICABLE IN FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signature: _____

Title: _____

Print Name: _____

Date: _____



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