

MARINE UMBRELLA SUPPLEMENT

GENERAL INFORMATION

1. Named Insured:	
2. Limit Required:	
3. Self-Insured Retention:	\$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> Other \$ _____

LOSS HISTORY

Loss History for Past 5 Years: 4. <i>(For any underlying lines not provided in the general application)</i>	
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COMPANY AND AFFILIATED COMPANIES INFORMATION

5. Name of Entity	Description of Operations	Estimated Gross Receipts	Years in Business

PREMISES EXPOSURES

6. List all premises occupied but NOT OWNED by the applicant with value in excess of \$25,000:

Description	% Occupied	Estimated Value	80% Building Fire Rate

7. Personal property in applicant's care, custody or control where value exceed \$25,000:

CONTRACTUAL AND PRODUCTS LIABILITY

8. Give details of written agreements other than those automatically covered by M & C Policy:	
9. Types: List Products:	Manufactured <input type="checkbox"/> Sold <input type="checkbox"/> Distributed <input type="checkbox"/>



LIG Marine Managers

600 1st Ave N Suite 200, St. Petersburg, FL 33701

(727) 578-2800

SUBMIT@LIGMarine.com LIGMarine.com

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PROFESSIONAL LIABILITY MALPRACTICE

10. Give details of any activities which might involve malpractice and/or errors and omissions exposures:

RAILROAD OPERATIONS

11. Give details of any railroads owned, maintained, or operated by applicant:

AUTOMOBILE EXPOSURE

12. Automobile Exposure:

Yes No

13.	Type	Number	Operating Radius	Cargoes Carried	State Licensed
	Trucks				
	Tractors				
	Trailers				
	Tankers				
	Vans & Pickups				
	Private Passenger				

14. List the number and type of other vehicles not licensed for public road use (earthmovers, bulldozers, cranes, etc):

15. Are flammables and/or explosive substances carried?
(If yes, please provide full details)

Yes No

AIRCRAFT EXPOSURE

16. Do you own/lease/charter any aircraft?
(If yes, please provide full details)

Yes No

VESSEL OPERATIONS

17. Does the applicant ever charter or lease vessels?
If yes, complete schedule below.
(If yes, please provide full details)

Yes No

18. Does the applicant own, operate, or charter any private pleasure craft?
(If yes, please provide full details)

Yes No



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MARINE EXPOSURES

19. List below any landing, pier, wharf or dock leased or operated by the applicant where non-owned vessels come under the care, custody or control of the applicant.

Location	Type of Vessel	Estimated Annual Vessel Days	Type of Operation	Estimated Gross Receipts
				\$
				\$
				\$

20. Describe below any marine terminal or stevedore operation of the applicant.

Location	Type of Operation	Gross Receipts
		\$
		\$
		\$

21. Describe below any shipbuilding, ship-repairing, or barge cleaning operation of the applicant.

Location	Type of Operation	Gross Receipts
		\$
		\$
		\$

22. Does the applicant engage in any gas freeing?
(If yes, please provide full details)

Yes No Gross receipts \$ _____

SCHEDULE OF UNDERLYING INSURANCE

23. Has any underlying coverage been cancelled or nonrenewed within the last five years?

Yes No

If yes, please provide full details:

24. Are there any other material facts that should be disclosed to the underwriters?

Yes No

If yes, please provide full details:

25. IMPORTANT: Are there any unusual or nonstandard exclusions in the above policies which would materially affect consideration of the risk?

Yes No

If yes, please provide full details:



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SCHEDULE OF UNDERLYING INSURANCE CONT'D

Non-Marine Exposures

Type	Insurance Company	Effective Date	Expiration Date	Policy Limits	Premium
General Liability*				\$	\$
Products Liability				\$	\$
26. Automobile				\$	\$
Employer's Liability				\$	\$
International				\$	\$
Other (Specify)				\$	\$

*Is General Liability on a claims made or occurrence basis? _____

Marine Exposures

Type	Insurance Company	Effective Date	Expiration Date	Policy Limits	Premium
Marine General Liability				\$	\$
Protection & Indemnity				\$	\$
Collision/Towers				\$	\$
Pollution				\$	\$
Bailee (Specify)				\$	\$
Shiprepairers				\$	\$
Maritime Employers Liability				\$	\$
Other (Specify)				\$	\$

I/we hereby declare that the above information and particulars 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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