



Marine Comprehensive Liability Application

WHEN FILLING OUT THIS APPLICATION, ALL QUESTIONS MUST BE ANSWERED COMPLETELY, IF A QUESTION IS NOT APPLICABLE TO THE OPERATIONS OF THE COMPANY, PLEASE ANSWER "NOT APPLICABLE" OR "N/A". IF THE ANSWER IS NONE, STATE "NONE". IF MORE SPACE IS REQUIRED TO COMPLETELY ANSWER A QUESTION, PLEASE ATTACH A SEPARATE SHEET OF PAPER AND IDENTIFY THE QUESTION IT RESPONDS TO. LEAVE NO SPACE BLANK.

1. Name of Applicant: _____

2. Mailing address (including zip code): _____

PREMISES INFORMATION						
Loc	Bld	Street / City / County / State / Zip	City Limit	Interest	Built	% Occ
			[] Inside [] Outside	[] Owner [] Tenant		
			[] Inside [] Outside	[] Owner [] Tenant		
			[] Inside [] Outside	[] Owner [] Tenant		

3. Structure of company (please indicate):
- Individual
 - Corporation
 - Partnership
 - Joint Venture
 - Other

4. How many years in business under the present management? _____

If less than 5 years please state previous management: _____

Is the applicant a subsidiary of any other entity or does the applicant have any subsidiaries? If yes, please describe _____

6. Give full details of type of work performed & attach brochures, labels, warnings, etc.

7. Policy period: _____

8. Limits requested (choose one)

	Option A []	Option B []	Option C []
A. General Aggregate	\$2,000,000	\$1,000,000	\$1,000,000
B. Products-Completed Ops Aggregate	\$1,000,000	\$ 500,000	\$ 300,000
C. Personal And Advertising Injury	\$1,000,000	\$ 500,000	\$ 300,000
D. Each Occurrence	\$1,000,000	\$ 500,000	\$ 300,000
E. Fire Damage (Any One Fire)	\$ 50,000	\$ 50,000	\$ 50,000
F. Medical Expense (Any One Person)	\$ 5,000	\$ 5,000	\$ 5,000

Deductible: _____

9. Details of previous C.G.L. insurance for last 3 years:

Period	Carrier	Type	Limit	Ded.	Annual Premium
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Was any policy / coverage declined, cancelled or non-renewed? _____

If "Yes", please explain: _____

10. Sub-contractors / leased workers: (explain all "Yes" responses)

a) What % of work is subcontracted out? _____%

b) Under whose direction & control do subcontractors work? _____

- c) What is the nature of the work subcontracted out? _____

- d) Are certificates of insurance obtained from subcontractors? _____ Yes / No
- e) Do subcontractors carry coverages or limits less than yours? _____ Yes / No
- f) Are subcontractors allowed to work without certificates of insurance? _____ Yes / No
- g) Provide details of contracts whereby you indemnify, hold harmless or release another party, & attach a sample contract.

- What % of work performed would this represent? _____%
- Full time staff: _____ Part time staff: _____ % Subcontracted: _____

11. Products / Completed operations

Products	Annual Sales	Number of units	Time Mkt	Exp Life	Intended Use	Principal Components

- a) Does the applicant manufacture, install, service or demonstrate products? _____ Yes / No
 If Yes, explain: _____
- b) Provide details of research & development conducted or new products planned _____

- c) Do you provide guarantees / warranties or hold harmless agreements for products? _____ Yes/ No
 If Yes, provide copy of sample wording.
- d) Have any products been recalled / discontinued or changed? _____ Yes/ No
 If Yes, explain: _____
- e) Are products of others sold / repackaged under the applicant's label? _____ Yes / No
 If Yes, explain: _____

f) Are products sold under the label of others? _____ Yes / No

If Yes, explain: _____

g) Is vendors coverage required? _____ Yes / No

If Yes, explain: _____

h) Does the Named Applicant sell to other Named Applicants? _____ Yes / No

If Yes, explain: _____

12. Environmental:

a) Give details of storage tanks, number & size, contents, whether above or below ground & when last surveyed:

b) Do operations involve storing, treating, disposing, or transporting hazardous materials? _____ Yes / No

c) Are transporters, handlers, or disposal companies EPA certified & properly insured? _____ Yes / No

d) Is there a formal safety program in operation? _____ Yes / No

e) Have you during the past 5 years had any reportable releases or spills of hazardous substances, hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations? _____ Yes/No

If Yes, describe in detail: _____

f) List all claims made against you during the past 5 years for clean-up or response action, "Toxic Tort" or other bodily injury, or property damage, resulting from the release of hazardous substances, hazardous waste, or other pollutants, from locations owned or operated by you, into the environment. Provide a brief description of all such claims. If none, so state: _____

g) Do you know of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company for environmental clean-up or response, or for bodily injury or property damage arising from the release of pollutants into the environment? _____ Yes / No

If Yes, describe in detail: _____

13. Fire protection:

Public fire dept.: Paid / Volunteer

How far distant? _____ Miles

How many public fire hydrants? _____

Are building Sprinklered? _____ Yes / No

Remarks and/or other fire protection measures taken: _____

14. Security:

No. of watchmen employed: _____ No. on each shift: _____

Is the yard fenced with guard at gate when yard is operating? _____ Yes / No

Does the yard have a security alarm fitted? _____ Yes / No

Remarks and/or other security measures taken: _____

15. General Information

Explain all "Yes" responses (for all past or present operations)

	Yes	No
1) Any medical facilities provided or medical professionals employed or contracted?	[]	[]
2) Any exposure to radioactive / nuclear materials?	[]	[]
3) Any operations sold, acquired, discontinued in last 5 years?	[]	[]
4) Machinery or equipment loaned or rented to others?	[]	[]
5) Does applicant use any mobile equipment?	[]	[]
6) Any watercraft, docks, floats owned, hired or leased?	[]	[]
7) Any parking facilities owned / rented?	[]	[]
8) Is a fee charged for parking?	[]	[]
9) Recreation facilities provided?	[]	[]
10) Is there a swimming pool on the premises?	[]	[]
11) Sporting or social events sponsored?	[]	[]
12) Any structural alterations contemplated?	[]	[]
13) Any demolition exposure contemplated?	[]	[]
14) Has applicant been active in or is currently active in joint ventures?	[]	[]
15) Do you lease employees to or from other employers?	[]	[]
16) Is there a labor interchange with any other business or subsidiaries?	[]	[]
17) Are day care facilities operated or controlled?	[]	[]
18) Is applicant a non-subscriber to any state and/or federal workers compensation statutes?	[]	[]
19) Has the applicant or any predecessor company filed for bankruptcy protection in the last 5 years?	[]	[]
20) Does the applicant do any blasting or use explosives?	[]	[]

16. Loss History. List all claims/occurrences made against you during the past five (5) years resulting from operations covered by this form of policy. If “none”, state “none”.

Date Occ.	Type/descrip. of occur./claim	Date Clm	Paid	Reserve	Status

PLEASE ATTACH YOUR AUDITED FINANCIAL STATEMENT. FAILURE TO PROVIDE AN AUDITED FINANCIAL STATEMENT MAY RESULT IN A PREMIUM SURCHARGE.

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT NOR THE INSURER TO THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION SHALL FORM THE BASIS ON WHICH THIS POLICY IS ISSUED, AND THE APPLICANT WARRANTS ALL SUCH STATEMENTS TO BE TRUE TO THE BEST OF ITS KNOWLEDGE AND BELIEF.

PRODUCER’S SIGNATURE: _____ DATE: _____

APPLICANT’S SIGNATURE: _____ DATE: _____



Delaware Valley Underwriting Agency, Inc.

ADDENDUM TO APPLICATION

Insured's/Applicant's Name: _____

TO BE ATTACHED TO AND MADE A PART OF ALL APPLICATIONS

It is agreed that the following FRAUD STATEMENTS are attached to the application:

APPLICABLE IN THE STATE OF PENNSYLVANIA:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICABLE IN THE STATE OF NEW YORK:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICABLE IN ALL OTHER STATES:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. (Not Applicable in CO, HI, NE, OH, OK, OR, IN, DC, LA, ME and VA insurance benefits may also be denied)

I have read and accept the above (To be signed by the Insured/Applicant)

Insured/Applicant Signature

Date