

# Commercial Marine Trades & Sub-Contractors Application



## SECTION I — GENERAL INFORMATION

Date of Application: \_\_\_\_\_ Proposed Effective Date: \_\_\_\_\_

	APPLICANT	PRODUCER
Company Name		
Address		
Telephone Number		
Email		
Website		

1. Describe applicant's business: \_\_\_\_\_  
\_\_\_\_\_
2. List all operating names and subsidiaries: \_\_\_\_\_  
\_\_\_\_\_  
If applicant is a subsidiary, advise parent company: \_\_\_\_\_
3. Has applicant operated under any other company name(s) in the last five (5) years?    Yes    No  
If "Yes", advise other company name(s): \_\_\_\_\_  
\_\_\_\_\_
4. Number of years in business: \_\_\_\_\_
5. Is applicant a member of any marine trade associations or another industry association?    Yes    No  
If "Yes", please list all memberships: \_\_\_\_\_
6. How many years has the Producer controlled this account? \_\_\_\_\_
7. Who is applicant's current insurance carrier? \_\_\_\_\_ How many consecutive years? \_\_\_\_\_
8. Has any policy or coverage ever been cancelled or non-renewed?    Yes    No  
If "Yes", explain: \_\_\_\_\_
9. Has applicant, any predecessor or any of its principals declared bankruptcy in the past five (5) years?    Yes    No  
If "Yes", explain: \_\_\_\_\_
10. Does applicant have any other policies of insurance with any of the CNA group of underwriting companies?    Yes    No  
If "Yes", please provide detail: \_\_\_\_\_

## SECTION II — COVERAGES REQUESTED

**Main Coverage Offered** — Marine General Liability (including Ship Repairers Legal Liability)

**Optional Coverages (separate application required)**

Hired & Non-Owned Auto Liability  
 Owned Business Auto  
 Tools & Equipment Floater

Hull/Protection & Indemnity  
 Maritime Employers Liability  
 Bumbershoot (Marine Umbrella)/Excess Liability

## SECTION III — REVENUE & PAYROLL

	PRIOR 12 MONTHS	CURRENT 12 MONTHS	NEXT 12 MONTHS
Total Annual Gross Sales			
Total Annual Payroll			

Number of employees: \_\_\_\_\_ Average Annual Employee Turnover: \_\_\_\_\_%

## SECTION IV — MARINE GENERAL LIABILITY

**Limits Requested**

**OPTION A**

\$1,000,000 Limit Each Occurrence  
 \$2,000,000 General Aggregate Limit  
 \$1,000,000 Products/Completed Op Aggregate Limit  
 \$1,000,000 Personal & Advertising Injury Limit  
 \$100,000 Fire Legal Liability  
 \$5,000 Medical Expense Limit

**OPTION B**

\$1,000,000 Limit Each Occurrence  
 \$2,000,000 General Aggregate Limit  
 \$2,000,000 Products/Completed Op Aggregate Limit  
 \$1,000,000 Personal & Advertising Injury Limit  
 \$250,000 Fire Legal Liability  
 \$10,000 Medical Expense Limit

**OPTION C**

If other limits are required, please advise: \_\_\_\_\_

**Deductible Requested**

\$5,000      \$10,000      \$25,000      Other: \$ \_\_\_\_\_

What is applicant's expiring deductible? \_\_\_\_\_

## SECTION V — OPERATIONS

NO.	ADDRESS OF YARDS
1	
2	
3	

### TOP 3 WORK CONTRACTS (BY GROSS REVENUE) IN LAST 24 MONTHS

CLIENT	TYPE OF OPERATION	TYPE OF VESSEL	GROSS REVENUE

## SECTION V — OPERATIONS (CONTINUED)

Please provide estimated percentage of marine versus non-marine work you perform:

Marine Work: \_\_\_\_\_%    Non-Marine Work: \_\_\_\_\_%

TYPES OF MARINE WORK	
OPERATION	% OF TOTAL WORK
Boiler Work	
Building/Conversion	
Carpentry	
Decommissioning/Ship Wrecking	
Electrical	
Engine/Machinery	
Gas Freeing	
Gear, Shaft, and Propeller Repair	
HVAC	
Hull Repair (Welding/Hot Work)	
Hydraulics	
Marine Retailers & Ship Chandlery	
Painting	
Plumbing	
Tank Cleaning	
Other:	
TYPES OF NON-MARINE WORK	
Non-Marine Work - Describe: _____	
Non-Marine Work - Describe: _____	

TYPES OF VESSELS THAT APPLICANT WORKED ON LAST 12 MONTHS	
VESSEL	% OF TOTAL WORK
Commercial "Brownwater"	
Commercial "Bluewater"	
Commercial Fishing Vessel	
US Government/Defense/MARAD	
Pleasurecraft/Mega Yacht	
Other:	

	ON PREMISES	OFF PREMISES
Estimated average number of vessels at any one time for repair/service work		
Estimated average value of vessels at any one time for repair/service work	\$	\$
Estimated maximum number of vessels at any one time for repair/service work		
Estimated maximum value of vessels at any one time for repair/service work	\$	\$
Estimated highest value of any individual vessel for repair/service work	\$	\$

## SECTION V — OPERATIONS (CONTINUED)

1. Please describe any industry certification you hold: \_\_\_\_\_  
\_\_\_\_\_
2. Does applicant utilize standard vessel repair contract wording?      Yes      No      If "Yes", please provide a copy.
3. Does applicant perform any diving while conducting repairs?      Yes      No
4. Does applicant ever perform repair work while watercraft is in transit?      Yes      No
5. Does applicant employ any naval architects?      Yes      No
6. Does applicant perform any design or engineering specifications as part of your work?      Yes      No
7. Does applicant manufacture or fabricate any products?      Yes      No  
If "Yes", please explain types of products manufactured or fabricated: \_\_\_\_\_  
\_\_\_\_\_
8. If Gas Freeing operations were noted above, indicate number of gas freed watercraft last year: \_\_\_\_\_
9. Does applicant employ a full time Gas Free Chemist?      Yes      No      Subcontracted Chemist?      Yes      No
10. Does applicant issue Gas Free certificates?      Yes      No

## SECTION VI — SAFETY/RISK CONTROL

1. Does applicant have a written safety program in place?      Yes      No
2. Does applicant hold safety meetings on a regular basis?      Yes      No      If "Yes", how often? \_\_\_\_\_
3. Has applicant's operations had an independent safety audit performed?      Yes      No  
If "Yes", date of audit: \_\_\_\_\_      Conducted by: \_\_\_\_\_
4. Does applicant provide pre-employment screening practices and employment physicals/drug testing?      Yes      No
5. Does applicant have orientation, safety and training programs (including manuals provided) for new hires?      Yes      No
6. Does applicant have written procedures and training for all Hot Work operations?      Yes      No
7. Is a fire watch conducted and maintained at all times during the full length of welding operations?      Yes      No
8. Does applicant have central-alarm monitoring?      Yes      No
9. Are security watchmen employed?      Yes      No      How many? \_\_\_\_\_
  - a. Yard Hours Only?      Yes      No      24 Hours Daily?      Yes      No
  - b. Facility completely fenced?      Yes      No      Floodlights?      Yes      No
  - c. Is there a guard at gate during operations?      Yes      No
10. Public Fire Department:      Paid      Volunteer      Distance from yard: \_\_\_\_\_ Miles
  - a. Public Fire Hydrants: \_\_\_\_\_      Number within 500 feet: \_\_\_\_\_      Closest Hydrant: \_\_\_\_\_ Feet
  - b. Protection Class Code: \_\_\_\_\_

## SECTION VII — TOOLS & EQUIPMENT

1. Does applicant own any heavy equipment, or any individual tools, or any one piece of equipment in excess of \$5,000 for use in business?    Yes    No

If "Yes", provide list: \_\_\_\_\_

\_\_\_\_\_

### Tools & Equipment Limit:

\$10,000    \$25,000    \$50,000    \$75,000    \$100,000    Other: \$ \_\_\_\_\_

## SECTION VIII — LOSS HISTORY

1. Has applicant had any losses in the last five (5) years?    Yes    No    If "Yes," please attach hard copy loss runs.

2. Has applicant had any action-over claims in the last five (5) years?    Yes    No

If "Yes", please provide full details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION IX — APPLICANT REPRESENTATION (TO BE COMPLETED BY APPLICANT)

### FRAUD NOTICE — WHERE APPLICABLE UNDER THE LAWS OF YOUR STATE

Any person who knowingly and with intent to defraud any insurance company or other 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 may be subject to civil fines and criminal penalties.

I hereby acknowledge that the aforementioned statements and answers are correct and complete. I further understand that any incorrect or incomplete statement could void my protection. I hereby authorize the CNA Insurance Companies to release the information on this application and associated underwriting information.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer's Printed Name: \_\_\_\_\_

**For additional information, contact your producer or your local CNA Ocean Marine Underwriter.**

