

*Atlantic Marine Underwriters Inc.*

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For:  
OSPREY UNDERWRITING AGENCY

**MARINE CONTRACTORS GENERAL LIABILITY INSURANCE 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 STATE "N/A". IF THE ANSWER IS NONE, STATE "NONE". IF MORE SPACE IS REQUIRED TO ANSWER A QUESTION COMPLETELY, PLEASE ATTACH A SEPARATE SHEET AND IDENTIFY THE QUESTION TO WHICH IT RESPONDS. LEAVE NO SPACE BLANK.

1. **NAME OF APPLICANT:** \_\_\_\_\_  
\_\_\_\_\_

2. **FULL ADDRESS (INCLUDE ZIP CODE):** \_\_\_\_\_  
\_\_\_\_\_

3. **CONTACT NAME:** \_\_\_\_\_

4. **STRUCTURE OF COMPANY (PLEASE TICK):**

INDIVIDUAL                      CORPORATION                      PARTNERSHIP  
JOINT VENTURE                      OTHER

5. **HOW MANY YEARS IN BUSINESS UNDER THE PRESENT MANAGEMENT?** \_\_\_\_\_

**IF LESS THAN 5 YEARS PLEASE STATE PREVIOUS MANAGEMENT:** \_\_\_\_\_  
\_\_\_\_\_

6. **GIVE FULL DETAILS OF TYPE OF WORK / OPERATIONS & ATTACH BROCHURES IF AVAILABLE:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **POLICY PERIOD:** \_\_\_\_\_ 8. **LIMIT REQUIRED:** \_\_\_\_\_

8. **GROSS RECEIPTS FOR PAST 3 YEARS:**

YR \_\_\_\_ YR \_\_\_\_ YR \_\_\_\_

AND PROJECTED FOR NEXT YEAR \_\_\_\_\_

9. **HOW MANY EMPLOYEES DOES THE APPLICANT HAVE?** FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_

WHAT IS THE GROSS PAYROLL \_\_\_\_\_ USLHWA PAYROLL \_\_\_\_\_

PAYROLL NET OF CLERICAL / OFFICERS \_\_\_\_\_ JONES ACT PAYROLL \_\_\_\_\_

10. **SUB-CONTRACTORS / LEASED WORKERS:**

- (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) PROVIDE DETAILS OF CONTRACTS WHEREBY YOU INDEMNIFY, HOLD HARMLESS OR RELEASE ANOTHER PARTY, & ATTACH A SAMPLE CONTRACT.  
\_\_\_\_\_  
\_\_\_\_\_

WHAT % OF WORK PERFORMED WOULD THIS REPRESENT? \_\_\_\_\_%

11. **ENVIRONMENTAL:**

- (a) GIVE AGE OF STORAGE TANKS, NUMBER & SIZE, CONTENTS, CONSTRUCTION, WHETHER ABOVE OR BELOW GROUND & WHEN LAST SURVEYED:  
\_\_\_\_\_  
\_\_\_\_\_
- (b) HAVE YOU DURING THE PAST 5 YEARS HAD ANY REPORTABLE RELEASES OR SPILLS OF HAZARDOUS SUBSTANCES, HAZARDOUS WASTE OR ANY OTHER POLLUTANTS, FROM LOCATIONS OWNED OR OPERATED BY YOU, INTO THE ENVIRONMENT? THIS INCLUDES ANY CLAIMS MADE AGAINST YOU [ E.G. BY THIRD PARTIES, GOVERNMENTAL AUTHORITIES, OSHA PERMIT VIOLATIONS] FOR CLEAN-UP, BODILY INJURY, OR PROPERTY DAMAGE RESULTING FROM ANY RELEASE OF POLLUTANTS. PLEASE GIVE A BRIEF DESCRIPTION OF ALL SUCH INCIDENTS. IF NONE, STATE SO:  
YES/NO \_\_\_\_\_  
IF YES, DESCRIBE : \_\_\_\_\_  
\_\_\_\_\_
- (c) 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 : \_\_\_\_\_  
\_\_\_\_\_

12. **FIRE PROTECTION:**

PUBLIC FIRE DEPT: PAID/VOLUNTEER                      HOW FAR DISTANT? \_\_\_\_\_ MILES  
HOW MANY PUBLIC FIRE HYDRANTS? \_\_\_\_\_                      ARE BUILDINGS SPRINKLERED? YES / NO  
REMARKS AND/OR OTHER FIRE PROTECTION MEASURES TAKEN:  
\_\_\_\_\_

13. **SECURITY:**

NO. OF WATCHMEN EMPLOYED: \_\_\_\_\_ ARE PREMISES FENCED? \_\_\_\_\_

REMARKS AND/OR OTHER SECURITY MEASURES TAKEN:

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14. **GENERAL:**

(a) IS THE APPLICANT A NON-SUBSCRIBER TO ANY STATE &/OR FEDERAL WORKERS COMPENSATION STATUTES? YES/NO \_\_\_\_\_

(b) HAS THE APPLICANT OR ANY PREDECESSOR COMPANY FILED FOR BANKRUPTCY PROTECTION IN THE LAST 5 YEARS? YES/NO \_\_\_\_\_

(c) DOES THE APPLICANT DO ANY BLASTING OR USE EXPLOSIVES? YES/NO \_\_\_\_\_

(d) DOES THE APPLICANT USE ANY MOBILE EQUIPMENT? YES/NO \_\_\_\_\_

PLEASE LIST OR PROVIDE SCHEDULE: \_\_\_\_\_

(e) DOES THE APPLICANT LEASE EQUIPMENT TO OTHERS ? YES/NO \_\_\_\_\_  
WITH OPERATORS ? YES/NO \_\_\_\_\_ WITHOUT OPERATORS ? YES/NO \_\_\_\_\_

(f) IS THERE A FORMAL SAFETY PROGRAM IN OPERATION ? YES/NO \_\_\_\_\_

15. **DETAILS OF PREVIOUS GL INSURANCE FOR LAST 3 YEARS:**

PERIOD	CARRIER	TYPE	LIMIT	DEDUCTIBLE	ANNUAL PREMIUM

16. **LOSS HISTORY LAST 5 YEARS:** IF NO LOSSES, STATE "NONE" \_\_\_\_\_

**IF APPLICABLE, PLEASE USE SEPARATE LOSS RECORD APPLICATION SUPPLEMENT**

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. THIS APPLICATION WILL BE APPENDED TO THE POLICY.

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT: \_\_\_\_\_ TITLE: \_\_\_\_\_