



Marine Contractor Supplemental Questionnaire *(To be submitted with ACORD Applications)*

1. Applicant:					
2. Website Address:					
3. Length of time in business:		Years	Months		
4. Do you use a standard service contract, agreement or work order that sets out your responsibilities?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
a. Please attach a copy of your contract, agreement, work order, and/or warranty:		<input type="checkbox"/> Attached			
5. Do you ever assume responsibility for any injury or property damage the may occur regardless of who may have caused the injury or damage?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Indicate Type of Work Performed and Percentage of Overall Operations:					
<input type="checkbox"/>	Dredging	____%	<input type="checkbox"/>	Vessel Survey	____%
<input type="checkbox"/>	Pile Driving	____%	<input type="checkbox"/>	Lift Installation	____%
<input type="checkbox"/>	Dock, Pier, Wharf, Seawall and/or Marine Bulkhead	____%	<input type="checkbox"/>	Salvage	____%
<input type="checkbox"/>	Diving	____%	<input type="checkbox"/>		____%
<input type="checkbox"/>	Other (describe):				____%
<input type="checkbox"/>	Non-Marine (describe):				____%
7. Indicate Percentage of Overall Operations:					
<input type="checkbox"/>	Commercial	____%	<input type="checkbox"/>	Residential	____%
<input type="checkbox"/>	Renovation	____%	<input type="checkbox"/>	New Construction	____%
8. Describe the watercraft in your care, custody and control:					<input type="checkbox"/> N/A
9. Describe your last 5 jobs:					
a.					
b.					
c.					
d.					
e.					
10. Do you use any contractors or subcontractors?					<input type="checkbox"/> Yes <input type="checkbox"/> No
11. If you use contractors or subcontractors, what Limits of Liability do you require them to carry?					\$____ <input type="checkbox"/> None
12. If you use contractors or subcontractors, check all that apply:					
<input type="checkbox"/> They name you as an additional insured to their liability policy					
<input type="checkbox"/> They sign an indemnification agreement/hold harmless agreement in your favor					
<input type="checkbox"/> You get copies of Certificates of Insurance from them and keep on file					
13. Is any heavy equipment, including excavators, skid steers and cranes, owned or operated?					<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Type of equipment:					
14. Any equipment leased from others?					<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Type of equipment leased:					
b. Operators provided?					<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Lease basis:					
15. Indicate the Number of Owners, Full Time Employees, and Part Time Employees That Makes Up the Applicant's Company:					
a. Owners:		b. Full Time Employees:		c. Part Time Employees:	



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Applicant:	
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16. Account history for prior 5 years:						
	Current Year	1 Year Ago	2 Years Ago	3 Years Ago	4 Years Ago	5 Years Ago
Employee Payroll:	\$	\$	\$	\$	\$	\$
Total Gross Receipts:	\$	\$	\$	\$	\$	\$
Number of Losses: (insured & uninsured)						
Paid Losses:	\$	\$	\$	\$	\$	\$
Outstanding Losses:	\$	\$	\$	\$	\$	\$
17. Current insurance company:						
18. Current insurance premium:						
19. Has your insurance ever been cancelled or nonrenewed?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If yes, explain:						
20. Is Building, Business Personal Proper, or Outdoor Sign coverage desired?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If yes, complete ACORD xx and submit with this supplemental and other required ACORDs						
21. Is Inland Marine coverage for tools or equipment desired?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If yes, complete ACORD xx and submit with this supplemental and other required ACORDs						

PRODUCER'S SIGNATURE	DATE:
APPLICANT'S SIGNATURE	DATE: