



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

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|--|---|---|--------------------------|-------------------------|--|
| 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 | | | | | | |

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