



ACE USA, INC.

# OCEAN MARINE INSURANCE MARINE LIABILITY INSURANCE APPLICATION

140 Broadway, 40<sup>th</sup> Floor  
New York, NY 10005  
Telephone: 646-458-6825  
FAX: 646-458-6826

## GENERAL INFORMATION

Please answer each applicable section, explaining ALL 'Yes' responses :

### I. AGENT/BROKER

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### II. PREMISES

A) Name of Applicant and all affiliated companies, domestic and foreign:

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B) Additional Assureds, if required:

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C) Mailing Address:

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D) List and describe all locations owned, rented, or controlled by the Applicant (state whether factory, warehouse, office, yard, terminal, docks, floats, etc.):

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E) Has any operations been sold, acquired, or discontinued in the last 5 years? Yes \_\_\_ or No \_\_\_

If 'Yes', please explain.

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F) State the interest of the Applicant in all occupied premises (owner, general lessee, or tenant). If jointly occupied, identify the part occupied and designate locations to which Landlord's Protective Rule applies:

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G) Does the Applicant plan any structural alternations, construction, or demolition operations at any location? Yes \_\_\_ or No \_\_\_

If 'Yes', please explain. \_\_\_\_\_

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**III. OPERATIONS**

	Estimated 200__	200__	200__	200__
<b>Annual Advertising Expenditure</b>				
<b>Annual Sales</b>				
<b>Annual Gross Receipts</b>				
<b>Annual Payroll</b>				
<b>No. of Employees (Excluding Shipboard)</b>				
<b>No. of Employees (Including Shipboard)</b>				
<b>Annual Throughput (if applicable)</b>				

A) Give a complete description of the Applicant's business or operations (attach brochures and annual if available). Give full information concerning any Canadian operations or exposure:

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B) Number of Years in Business: \_\_\_\_\_

C) Is the Applicant involved in the manufacturing, distribution, or installation of any product? Yes \_\_\_ or No \_\_\_ If 'Yes', please describe and attach products brochures and other pertinent materials:

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D) Is the Applicant engaged in any phase of nuclear energy or defense work? Yes \_\_\_ or No \_\_\_

If 'Yes', please describe and give revenues:

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E) Does the Applicant do any blasting or use explosive materials? Yes \_\_\_ or No \_\_\_ If Yes, please describe:

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F) Does the Applicant store or utilize any explosive materials or hazardous substances on the premises? Yes \_\_\_ or No \_\_\_ If 'Yes', please describe:

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G) Does the Applicant's operations involve storing, treating, discharging, applying, disposing, or transporting of hazardous materials? (e.g. landfills, wastes, fuel tanks, etc.) Yes \_\_\_ or No \_\_\_

If 'Yes', please explain.

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H) Does the Applicant's operations include evacuation, tunneling, underground work or earth moving? Yes \_\_\_ or No \_\_\_ If 'Yes', please describe:

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I) Does the Applicant have any formal Safety Program? Yes \_\_\_ or No \_\_\_ If 'Yes', please describe:

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J) Does the Applicant lease equipment to others with or without operators? Yes \_\_\_ or No \_\_\_

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K) Does the Applicant require Sub-Contractors to submit Certificate of Insurance? Yes \_\_\_ or No \_\_\_

If 'Yes', please give limits required:

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**III. LIABILITY EXPOSURES**

- A) Provide details and attach copies of any contractual liability agreement or general agency agreement:

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- B) Give number of any employed doctors, nurses, etc. and explain if the Applicant operates a hospital:

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- C) Give details of any railroads owned, maintained, or operated by the Applicant:

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- D) Describe any exposures under the following:

	<b>Insurance Limit</b>	<b>Premium</b>	<b>Payroll</b>
<b>Longshoremen's &amp; Harborworker's Act</b>			
<b>Federal Railroad Employees Act</b>			
<b>Admiralty or Jones Act</b>			

- E) Describe any watercraft exposure according to the following specifications. If any non-owned vessels are used, please explain and identify:

<b>Vessel</b>	<b>Year Built</b>	<b>Dimensions</b>	<b>GRT</b>	<b>No of Crew</b>

- F) List all media used in advertising and state whether an advertising agency is used:

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**IV. INSURANCE DETAILS**

**A)** List other liability insurance carried by the Applicant.

Carrier	Policy Type	Limit	Aggregate	Annual Premium

**B)** Please attach previous 5 years Loss History, including all the following information relating to coverages required: - (Please provide hard copy loss runs, if available.)

Date of Loss	Claimant	Policy Type	Paid Claims	Outstanding Claims	Description of Loss / Comments

**C)** Describe the largest claim ever made against the Applicant:

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**D)** List total losses paid during current primary policy period (indicate whether auto, general, products, other):

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**E)** Please provide details of any specific limitations or exclusions in primary insurance:

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**F)** Is there other insurance currently written by or submitted to ACE? Yes \_\_\_ or No \_\_\_

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**G) Limits requested:**

	Each Person	Each Accident	Annual Aggregate
Property Damage			
Bodily Injury			

**H) Deductible requested:** (Please specify if Self-Insured Retention.) \_\_\_\_\_

**I) Does the Applicant require Excess Coverage?** Yes \_\_\_ or No \_\_\_ If 'Yes', please advise what options are requested:

\_\_\_\_\_

**J) What is the requested attachment date?** \_\_\_\_\_

*I understand that the above information and supplemental information enclosed, which is correct to the best of my knowledge, is to be the basis of insurance if a policy is issued, but does not obligate the Applicant to accept the insurance nor oblige the insurer to effect insurance on the risk.*

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**Broker / Agent's Signature**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Company Name / Branch**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**