

Commercial Marine Energy Trades Application



This application is to be utilized for marine and energy related off-shore subcontractors.

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 w 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

Hull/Protection & Indemnity

Owned Business Auto

Maritime Employers Liability

Tools & Equipment Floater

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: _____%

Payroll amount related to Longshore & Harbor Workers: \$ _____

Payroll amount related to State Workers' Compensation: \$ _____

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	DESCRIPTION OF PROJECT	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
Catering	
Consultants	
Diving	
Equipment Installers/Providers	
Fabrication	
HVAC	
Inspection Maintenance Services	
Logistics Management	
Pipeline Connection/Repair	
Pumpers/Gaugers	
Rig Decommissioning/Dismantling	
Steel Fabrication	
Sub-sea Inspections	
Well Head Decommissioning	
Well Workover	
Wireline Operators (Define type: _____)	
Other:	
Other:	
TYPES OF NON-MARINE WORK	
Non-Marine Work - Describe: _____	
Non-Marine Work - Describe: _____	

1. What percentage of work is performed away from applicant's premises? _____%
2. How many employees does applicant have offshore at one time? Average: _____ Maximum: _____
3. What is the average number of days each employee is working offshore in a year? _____
4. Are any of the employees engaged in "workover" well operations? Yes No
5. Does applicant perform any onshore work? Yes No
If "Yes", please describe: _____

6. Does applicant employ any independent contractors/leased workers? Yes No
7. Does applicant employ any marine engineers or naval architects? Yes No
8. Does applicant perform any design or engineering specifications as part of your work? 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. Does applicant provide pre-employment screening practices and employment physicals/drug testing? Yes No
4. Does applicant have orientation, safety and training programs (including manuals provided) for new hires? Yes No
5. Does applicant have written procedures and training for all Hot Work operations? Yes No
6. Is a fire watch conducted and maintained at all times during the full length of welding operations? Yes No
7. Does applicant have written CAT guidelines in place? Yes No Not Applicable

SECTION VII — 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 VIII — 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.**

