



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

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