



Ocean Marine Division  
65 Broadway  
New York City, NY 10006

Marine Commercial Liability – Supplementary  
Information for Vessel Construction  
This is not a Binder

**Note: This information supplements the following ACORD Applications, which must also be completed and included:**

1. Acord Form 125: Commercial Insurance Application.
2. Acord Form 126: Commercial General Liability Section Application.

**Application Information**

**Yes No**

Name of Applicant \_\_\_\_\_

Location of yard(s) and stored equipment:

- (a) \_\_\_\_\_
- (b) \_\_\_\_\_
- (c) \_\_\_\_\_
- (d) \_\_\_\_\_

Do you have any vessel parts stored on or away from premises?  Yes  No

**If yes**, please describe and include additional location information:

Types of vessels built:

Materials (check):

Vessel	Steel	Wood	Alum.	Fiberglass	Other	No. Built Annually
Deck Barges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crane Barges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tank Barges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hopper Barges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Towboats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crewboats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supply Boats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fishing Vessels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Private/Pleasure (Type)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Application Information Continued*

Describe method of launch:

Describe extent of trials (hours of trial operation, number of crew, usual number of others aboard):

Describe delivery trips (distance, number of crew, others aboard, tower or land conveyance):

Vessel	Usual Construction Period (months)	Average Contract Value	Maximum Contract Value
Deck Barges			
Crane Barges			
Tank Barges			
Hopper Barges			
Towboats			
Crewboats			
Supply Boats			
Fishing Vessels			
Private/Pleasure (Type)			
Other			

Maximum contract values at any one yard location: \_\_\_\_\_

**If application coverage is on one specific vessel, complete this item:**

(a) Type of vessel	
(b) Dimensions	
(c) Hull Materials	
(d) Completed Contract Price	
(e) Period of Construction	From: _____ To: _____
(f) See item 1 above – construction site (check)	(a) <input type="checkbox"/> (b) <input type="checkbox"/> (c) <input type="checkbox"/> (d) <input type="checkbox"/>
(g) Describe extent of trails	
(h) Delivery description and location	

Application Information *Continued*

Yes No

**Watchmen:**

How many employed? \_\_\_\_\_

How many on each shift? \_\_\_\_\_

Watchclocks?  Yes  No

Is yard fenced?  Yes  No

Is guard at gate when operating?  Yes  No

Describe your experience as builder and number of years this company has been in business:

Gross receipts (all operations):

Type of Work	Last 12 Months	% Marine	Next 12 Months	% Marine
Total:				

Do you use temporary workers?  Yes  No

Percentage of total workers: \_\_\_\_\_

**If yes**, are there hold harmless/indemnity agreements in place in your favor?  Yes  No

**If yes**, are waivers of subrogation in place in your favor?  Yes  No

**If yes**, are certificates of insurance obtained showing limits equal to or greater than yours?  Yes  No

Do you use leased workers?  Yes  No

Percentage of total workers: \_\_\_\_\_

**If yes**, are there hold harmless/indemnity agreements in place in your favor?  Yes  No

**If yes**, are waivers of subrogation in place in your favor?  Yes  No

**If yes**, are certificates of insurance obtained showing limits equal to or greater than yours?  Yes  No

Do you use subcontractors?  Yes  No

**If yes**, are there hold harmless/indemnity agreements in place in your favor?  Yes  No

**If yes**, are waivers of subrogation in place in your favor?  Yes  No

**If yes**, are certificates of insurance obtained showing limits equal to or greater than yours and naming you as an Additional Insured?  Yes  No

**If yes**, what percentage of your work is subcontracted?  Yes  No

**If yes**, what type of work is subcontracted and who supervises that work?  Yes  No

*Application Information Continued*

**Yes**      **No**

Do you enter into contracts with customers that contain hold harmless or indemnity agreements in the favor of the customer?



**If yes**, please list the customers and indicate the percentage of total receipts that the customer(s) represents. Contact and phone number to arrange an inspection:

Are you required to name any of your customers or other parties as Additional Insureds and waive subrogation?



**If yes**, please list them and their relationship to you:

Are vessels under construction financed?



**If yes**, with whom? \_\_\_\_\_

Current line of credit: \_\_\_\_\_

Current vessel Builder's Risk carrier: \_\_\_\_\_

Do you engage in repair, rebuilding or conversion of vessels?



**If yes**, please provide details:

Has any policy or coverage been declined or non-renewed during the past five years?



**If yes**, please provide details:

Contact and phone number to arrange an inspection: \_\_\_\_\_

*Application Information Continued*

Loss History (Please list all Vessel Construction and Commercial General Liability losses that have occurred over the past five years and attach hard copy loss runs):

No known or reported losses in the past 5 years.

Date of Loss	Description of Loss	Loss and Expense Deductible	Loss and Expense Paid	Loss and Expense Outstanding	Total Claim (net of Deductible)

Producer remarks:

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. (Applicable to New York State only.)**

**Signing this application does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.**

Applicant Signature \_\_\_\_\_ Producer Signature \_\_\_\_\_  
 Company Title \_\_\_\_\_ Company Title \_\_\_\_\_  
 Date \_\_\_\_\_ Date \_\_\_\_\_

Additional Comments

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. (Applicable to New York State only.)

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