



Supplemental Application: Non-Vessel Owner/Operator

(Please Check One)

New **Addition** **Renewal**

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| ADDITIONAL NAMED ASSURED(S) / INTEREST: | REQUESTED EFFECTIVE AND EXPIRATION DATE OF INSURANCE: |
| LOCATION(S)/ADDRESS: [SHIPYARD / MARINA / FLEETERS) | REQUESTED LIMIT OF INSURANCE: |
| 1. Is Applicant required to buy pollution insurance? Contractual? By law? <input type="radio"/> Yes <input type="radio"/> No If yes, please describe: | |
| 2. What are gross revenues? | |
| 3. Does Applicant have a General Liability or Marine General Liability Insurance Policy? <input type="radio"/> Yes <input type="radio"/> No Endorsed to include Sudden and Accidental Pollution? <input type="radio"/> Yes <input type="radio"/> No | |
| 4. Does Applicant contract any work to third parties? Are contractors required to have a General Liability policy with a Sudden & Accidental Pollution Endorsement? | |
| 5. Does Applicant do any ship repair work? <input type="radio"/> Yes <input type="radio"/> No If yes, please describe | |
| 6. Does Applicant's operation involve machinery? <input type="radio"/> Yes <input type="radio"/> No If yes, please describe: | |
| 8. Does Applicant's operation involve work with oil and/or hazardous substances? <input type="radio"/> Yes <input type="radio"/> No if yes, please describe: | |

Please list all reported incidents for the previous five years. The list must include all currently open claims, showing payments and reserves, if any, and closed claims on which any payment was made. All figures should include legal fees and/or expenses. The above information must be reported for all vessels operated by Applicant and/or affiliated companies for the previous five years, whether or not the vessels appear on the schedule of vessels for which insurance is being requested, and should be uploaded in Excel format. ([click to upload](#))

- o The applicant warrants that the information provided above is complete and accurate. Applicant understands that Underwriters shall rely upon the information and representations provided above in determining the acceptability, rates and conditions of coverage.
- o It is understood that any misrepresentation or omission shall constitute grounds for immediate avoidance of or cancellation of coverage and denial of claims, if any.
- o 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.

Additional Comments: