

## HarborGuard GENERAL LIABILITY APPLICATION

- 1) **NAME(S) OF APPLICANT** \_\_\_\_\_  
PRINCIPAL: \_\_\_\_\_
- 2) **MAILING ADDRESS** \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_
- 3) **HOW LONG HAS THE APPLICANT BEEN IN THIS BUSINESS?** \_\_\_\_\_
- 4) **STREET ADDRESS OF FACILITY(IES)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5) **NUMBER OF EMPLOYEES** \_\_\_\_\_
- 6) **ANNUAL GROSS RECEIPTS:** \_\_\_\_\_
- 7) **% BREAKDOWN OF SALES/REVENUES BY OPERATIONS:**  
BOAT or ENGINE REPAIR \_\_\_\_\_ DETAILING and/or SHRINKWRAP \_\_\_\_\_  
INSTALLER of ELECTRONICS and other AFTERMARKET EQUIP. \_\_\_\_\_  
CHARTER and INSTRUCTION \_\_\_\_\_ DREDGING \_\_\_\_\_  
SHIPSTORE/VENDOR/DISTRIBUTOR \_\_\_\_\_ BOAT BUILDING \_\_\_\_\_  
YACHT SALES \_\_\_\_\_ DIVING \_\_\_\_\_  
PASSENGER/EXCURSION \_\_\_\_\_  
OTHER (Describe): \_\_\_\_\_
- 8) **IF DIVING IS PERFORMED PLEASE DESCRIBE**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 9) **NON-MARINE ACTIVITIES - Please Describe:**  N/A \_\_\_\_\_  
\_\_\_\_\_

10) IF YOUR OPERATIONS INVOLVE STORING, TREATING, DISCHARGING, DISPOSING OF HAZARDOUS MATERIALS, PLEASE DESCRIBE? \_\_\_\_\_.

\_\_\_\_\_ N/A \_\_\_\_\_

11) ANY BLASTING OPERATIONS OR EXPLOSIVE STORAGE? \_\_\_\_\_ NO \_\_\_\_\_

12) ANY EXCAVATION, TUNNELING OR EARTH MOVING OPERATIONS? \_\_\_\_\_ NO \_\_\_\_\_

13) ANY BRIDGE WORK? \_\_\_\_\_ NO \_\_\_\_\_

14) DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS? NO \_\_\_\_\_

15) DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS? BOATS FOR CHARTER, COVERED BY P&I \_\_\_\_\_

16) DOES APPLICANT LEASE ANY EMPLOYEES TO OR FROM OTHER EMPLOYERS? \_\_\_\_\_ NO \_\_\_\_\_

17) SUBCONTRACTORS:

TYPE OF WORK SUBCONTRACTED OUT BOAT REPAIR \_\_\_\_\_

PERCENTAGE SUBCONTRACTED OUT 10% \_\_\_\_\_

DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT'S? \_\_\_\_\_ NO \_\_\_\_\_

DOES APPLICANT REQUIRE CERTIFICATES OF GL/PRODUCTS AND WORKER'S COMPENSATION INSURANCE FROM ALL SUBCONTRACTORS? \_\_\_\_\_

18) ANY CONTRACTS EITHER LIMITING OR EXTENDING THE LIABILITIES IMPOSED BY LAW? IF SO, PLEASE DESCRIBE. NO

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19) LOSS HISTORY – Do not leave blank, if there have been no claims please state that:

<u>YEAR</u>	<u>PAID LOSSES</u>	<u>OUTSTANDING LOSSES</u>
20__	<u>NO MGL LOSSES</u>	_____
20__	_____	_____
20__	_____	_____
20__	_____	_____
20__	_____	_____

USE ADDITIONAL SPACE TO DETAILS MAJOR LOSSES, UNUSUAL LOSSES, AND RECOVERIES.

20) CURRENT INSURANCE:

LIMIT OF LIABILITY \$1MM

PREMIUM \_\_\_\_\_

CARRIER \_\_\_\_\_

SPECIAL COVERAGES, EXTENSIONS, ETC. \_\_\_\_\_

\_\_\_\_\_

21) EFFECTIVE DATE: \_\_\_\_\_

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 and will void coverage hereunder.

\_\_\_\_\_  
BROKER



\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE