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Marine Contractors Application

1. Date of Applic	cation:			
2. Insured Name	2:			
3. Insured Addre	ess: Street		City	State Zip
hereunder; st	ate whether factory,		owned, rented, leased or occupi terminal, docks, floats, etc.)	ed by you and are insured
b				
o. Agent/Broker	Street		City	State Zip
7. Is this account new to the agent? If no, how many years has account been held:				Yes No
8. Proposed Poli	cy Period:	to		
9. Description of Operations: Boat Lift Installation Pile Driving Seawall Construction Other: Other:			Revetment Construction Dock Construction Other:	Carpentry Excavation
	ears in Business:	Numl	per of Years under Current Mana	gement:
11. Gross Reven	ues:		-	
Prior Year	Current Year	Next Year Estimate		
12. Are revenue		operations other than tho	J se described above?	☐ Yes ☐ No
13. % of Marine	Operations:	% of I	Non-Marine Operations:	
14. Number of E	mployees Engaged i	n "Over-Water" Activities	:	

15. Gross Payroll Split:

	Prior Year	Current Year	Next Year Estimate
Jones Act			
LSHWA			
Workers' Comp			
Total			

16. Details of safety/loss prevention programs in place:	
17. Details of yard protection:	
18. Have the applicant's operations been subject to an independent safety audit?	Yes No
If yes, please give details of audit and recommendations:	
10. Datails of are employment screening programs carried out by the applicant prior to the hiri	ng of any now omployee
19. Details of pre-employment screening programs carried out by the applicant prior to the hiri attaching additional sheets if needed. Please be specific on extent of drug screening and ph	
20. Are the above carried out for all newly appointed employees?	Yes No
21. What sources are used for recruiting new employees (staffing agencies, labor pools, unions,	, classified advertising,
etc.):	
22. Are there any Assumed Contractual Liabilities?	☐ Yes ☐ No
23. Do you use a subcontractor?	Yes No
24. Do you subcontract work?	Yes No
If yes, work subcontracted:%	
If yes, are subcontractors required to provide certificates of insurance?	Yes No
Limit of Liability: \$	
Are you added as an additional insured under said insurance?	☐ Yes ☐ No
Do subcontractors waive their rights of subrogation against you?	☐ Yes ☐ No
25. Do you utilize employee leasing services and/or temporary workers?	☐ Yes ☐ No

If yes	If yes, are they required to provide certificates of insurance?						Yes No
Limit	t of Liability: \$						
Are y	you added as a	n additional ins	ured under sa	aid insurance?			Yes No
Do th	hey waive thei	r rights of subro	gation agains	st you?			Yes No
HULL & MAC							
		nt has operated					
2. Please des	scribe experier	ice of vessel ope	erator(s), incit	uding USCG Licen	se into:		
Vessel Inforn	mation (or atta	ach vessel sched	lule)				
Vessel Name	Туре	Year Built	Length	Propulsion/ HP	Date of Last Overhaul/	Requested Amount of	Requested Deductible
					Repower	Insurance	
Normal Ber	th Location(s):						
Mortgagee	Information:						
Requested	Navigation Lim	nits:					
Dates of Las	ct Surveys (Dle	ase attach copie	s if available	\.			
Dates of Las	st Surveys (Fie	ase attach copie	s II avallable)	/•			
PROTECTION	I & INDEMNIT	Υ					
1. Limit of Lia	ability: \$		Bodily I	njury Deductible:	\$	_	
2. Property D	Damage Deduc	tible: \$					

3. What is the total number of crew emp	loyed by the appli	icant?		
4. Do the crew work on a time shift basis	?			Yes No
If yes, please specify the followin	ng:			
a. Period of time for each s	hift:	_		
b. Number of shifts in one 2	24 hour day:			
c. Number of crew assigned	d to each shift:			
5. Does the crew from one shift remain o	on board after bei	ng relieved by	the next shift?	Yes No
EQUIPMENT				
Tools and Equipment Information (or at	tach equipment s	<u>chedule)</u>		
Name/Description	Year Built	Model	Requested Amount of Insurance	Requested Deductible
			Of msdranee	Deductible
1. Current Incurance Corrier				
Current Insurance Carrier: How many years:				
Current MGL Deposit Premium:		Adiustr	ment Rate:	
Has any company ever canceled or not		•		
current corporate name or as another		nee for this up	phication, etcher ander the	☐ Yes ☐ No
If yes, please provide details:				
5. Has the applicant and/or its affiliated of	companies ever be	een involved i	n bankruptcy proceedings?	Yes No
Loss Experience: Please attach five (5) ye	ears of ground up	company loss	runs.	
The above information is true and corre	ct to the best of r	nv knowledge	e. I understand that I am no	ot bound to accept
the insurance and, those underwriters a				
Signature of Applicant			Date	
Signature of Applicant			Dutt	

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