



Dallas
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 F: (972) 789-1967

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hullandco-texas.com

LIABILITY APPLICATION

1) **FULL NAME OF APPLICANT** _____

2) **ADDRESS** _____

3) **HOW LONG HAS THE APPLICANT BEEN IN THIS BUSINESS?** _____

4) **EXACT LOCATION OF FACILITY(IES)** _____

5) **NUMBER OF EMPLOYEES** _____

6) **RECEIPTS/PAYROLL:**

ANNUAL GROSS RECEIPTS:	<u>YEAR</u>	<u>RECEIPTS</u>
	19__	_____
	19__	_____
	20__	_____

ANNUAL PAYROLL	<u>YEAR</u>	<u>PAYROLL</u>
	19__	_____
	19__	_____
	20__	_____

7) **BREAKDOWN OF OPERATIONS (by %):**

PILE DRIVING _____	DOCK BUILDING/REPAIR _____
SEAWALL _____	SALVAGE _____
JETTY _____	DREDGING _____
DIVING _____	
OTHER (please describe) _____	

8) **MARINE/NON-MARINE BREAKDOWN (by %):**

MARINE _____ NON-MARINE _____

9) **DESCRIPTION OF MARINE OPERATIONS** _____

10) **DESCRIPTION OF NON-MARINE OPERATIONS** _____

11) **ANY EXPOSURE TO FLAMMABLES, CHEMICALS, OR EXPLOSIVES?** _____

12) **ANY BLASTING OPERATIONS OR EXPLOSIVE STORAGE?** _____

13) **ANY EXCAVATION, TUNNELING OR EARTH MOVING OPERATIONS?** _____

14) **ANY BRIDGE WORK?** _____

15) **DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS?** _____

16) **DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?** _____

17) **DOES APPLICANT LEASE ANY EMPLOYEES TO OR FROM OTHER EMPLOYERS?** _____

18) SUBCONTRACTORS:

TYPE OF WORK SUBCONTRACTED OUT _____

PERCENTAGE SUBCONTRACTED OUT _____

DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN
APPLICANT'S? _____

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

**19) ANY CONTRACTS EITHER LIMITING OR EXTENDING THE LIABILITIES IMPOSED BY
LAW? IF SO, PLEASE DESCRIBE. _____**

**20) ANY FORMAL SAFETY PROGRAM IN EFFECT? IF SO, PLEASE DESCRIBE AND/OR
ATTACH A COPY. _____**

21) SCHEDULE OF WATERCRAFT (owned or operated by the APPLICANT) _____

DOES APPLICANT CARRY SEPARATE HULL AND PROTECTION &
INDEMNITY INSURANCE? (Indicate limits, deductibles, carriers, etc.)

22) LOSS HISTORY:

<u>YEAR</u>	<u>PAID LOSSES</u>	<u>OUTSTANDING LOSSES</u>
19__	_____	_____
19__	_____	_____
19__	_____	_____
19__	_____	_____
19__	_____	_____

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

23) CURRENT INSURANCE:

LIMIT OF LIABILITY _____
DEDUCTIBLE _____
PREMIUM(optional) _____
CARRIER _____
SPECIAL COVERAGES, EXTENSIONS, ETC. _____

24) EFFECTIVE DATE: _____

INCLUDE A NARRATIVE OR BROCHURE DETAILING THE APPLICANT'S OPERATIONS, INCLUDING RESUMES OF THE PRINCIPALS.

I understand that the above information and supplemental information enclosed, which is correct to the best of my knowledge, is to be the basis of insurance if a policy is issued, but does not obligate the Applicant to accept the insurance, nor oblige the insurer to effect insurance on the risk.

BROKER

ADDRESS

SIGNATURE OF APPLICANT

TITLE

DATE