

2515 Moody Blvd. • Flagler Beach, FL 32136 Phone: 386/439-3378 • Fax: 386/439-3376

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## MARINE CONTRACTORS SUPPLEMENTAL INFORMATION

NAME OF APPLICANT				ODUCER NAME					
APPLICANT ADDRESS				ODUCER ADDRESS	3				
CITY ST.	ATE	ZIP	CIT	ТҮ		STATE		ZIP	
LOCATION OF INSURED'S STORA	GE YARDS:	1 1	ν	1		<b>,</b>	1		
A									
В									
C.									
TOTAL NUMBER OF YEARS IN BUSINESS				NUMBER OF YEARS UNDER CURRENT MANAGEMENT					
ACTUAL GROSS RECEIPTS PAST 12 MONTHS				PROJECTED GROSS RECEIPTS NEXT 12 MONTHS					
EXPIRATION DATE OF CURRENT	POLICY			REQUESTED ATTACHMENT DATE					
OPERATIONS (CHECK ALL THAT A	APPLY AND PERC	ENTAGE)							
Piledriving % Carpentry			try		%	Dock construction			%
☐ Boat lift installation			repair		%	Excavation %			
Revetment construction % Seawall constr			I construction	on	%	% Bridge construction			%
☐ Other	%	Other			%	Other		-	%
	_				_				
please describe please describe			ase describe			plea	se describe		
Percentage of work subcontract	ed:		%						
IS SUBCONTRACTED WORK ACCO	OMPANIED BY A:								
Hold harmless/indemnity agreen	_	Yes No							
	es No	=							
Are certificates of insurance requ	uired?	Yes No							
What limits?									
Do you ever act as a subcontract	ctor? Yes	□ No I	f yes, pleas	se describe:					
Does the applicant enter into co	ntractual agreem	nents other tha	an those no	rmal to the industry	<b>/</b> ?	☐Yes ☐N	0		
	_				, .		-		
If yes, provide details and copies	oi contracts:								
								<del></del>	
Does the insured have a written	safety program	in-force at this	time?	□Yes □No					