Ocean Marine
Public Entity Application

Use this form to gather underwriting information for marine operations. Complete only the sections that apply to the requested coverages.

1 - Applicant Information

Applicant Name:	Producer Name:
Mailing Address:	Producer Address:
City/State/Zip:	Producer Phone/Email:
Primary Contact Name/Title:	Proposed Effective Date:
Primary Contact Phone/Email:	Number of Years in Operation:

Public Entity/Organization Details

- Entity Classification: Specify type of entity (city, township, county, university, state agency, port authority, etc.)
- Mission/Purpose of Marine Department
- Departments involved: police, fire/rescue, sheriff, environmental/harbor unit, university research ops, emergency response
- Geographic area of operations/waterways (oceans, bays, rivers, lakes, inlets)
- Seasonal or year-round operation
- Number of days at sea annually
- Typical voyage duration
- Passenger Capacity (students, faculty, visiting researchers)
- Number and capacity of non-crew passengers (third parties, students, faculty, visiting researchers)
- Contractual Liabilities (grants, partnerships, charters)

General Underwriting Questions

Any other business owned, operated, or managed by the applicant (including lessor's risk)? ☐ Yes ☐ No ☐ N/A **If yes,** describe:

Is the applicant a subsidiary of another entity or does the applicant have subsidiaries? ☐ Yes ☐ No ☐ N/A **If yes,** describe:

Any policy or coverage declined, canceled, or non-renewed in the prior 3 years? ☐ Yes ☐ No ☐ N/A **If yes,** explain:

Current/Expiring Insurance (if applicable):

Current Carrier(s)	Policy Period/Expiration Date	Line of Business	Expiring Premium

2 - Locations

List each operational location in one table.

Loc #	Street Address	City/State/Zip	Waterfront? (Y/N)	Operations at Location (brief)	Security/Fire Protection (brief)

Add additional locations on a separate sheet if needed.

3 - Coverages Requested

Check all that apply:

☐ Marina Operators Liability ☐ General Liability ☐ Equipment/Tools ☐ Hull ☐ Protection & Indemnity (P&I) ☐ Other

Gross Receipts (for rating/exposure basis)

Provide the most recent 12 months (or projected next 12 months for new ventures).

Activity	Gross Receipts ($)	Notes (optional)
Docking/Mooring		
Storage (wet or dry)		
Repair / Service		
Fueling		
Other Marine Ops Receipts (describe)		
All Other Receipts (describe)		

4 - Marina Operators Liability

Limits/Deductible	
Limit Requested	
Deductible (minimum $1,000)	

Docking/Mooring	
Slips available for rent (number)	
Buoys available for rent (number)	
Average value of vessels moored	
Maximum value of vessels moored	
Slips under a common roof?	☐ Yes ☐ No ☐ N/A
Heavy lift equipment? Describe and lifting capacity	

Storage (if any)	
Do you provide vessel storage? (If yes, attach a copy of the storage agreement.)	☐ Yes ☐ No ☐ N/A
Maximum number of vessels stored at any time in past year	
Number stored in summer	
Number stored in winter	
Average value of vessels stored	
Maximum value of vessels stored	
Are vessels stored afloat during winter laid up?	☐ Yes ☐ No ☐ N/A
Are vessels stored inside a building?	☐ Yes ☐ No ☐ N/A
If inside, stored on racks?	☐ Yes ☐ No ☐ N/A
Sprinkler system present?	☐ Yes ☐ No ☐ N/A
Building construction/type, fire protection, and any special hazards:	

Repair Operations (if any)	
Type of vessels	
Type of work	
Highest value of any one vessel repaired last year	
Commercial ship repair work? Describe and provide receipts	
Receipts (non-commercial) past 12 months	

5 - General Liability

Specify desired limits (or attach a quote request).

General Aggregate	
Products–Completed Operations Aggregate	
Personal & Advertising Injury	
Each Occurrence	
Fire Damage (any one fire)	
Medical Expense (any one person)	

Operations & Exposures

Any medical facilities provided or doctor employed/contracted?	☐ Yes ☐ No ☐ N/A
Any exposure to radioactive/nuclear material?	☐ Yes ☐ No ☐ N/A
Do operations involve storing, treating, discharging, applying, disposing, or transporting of hazardous material?	☐ Yes ☐ No ☐ N/A
Any operations sold, acquired, or discontinued in the last 5 years?	☐ Yes ☐ No ☐ N/A
Any parking facilities owned/operated? (If yes, number of spaces and whether a fee is charged)	☐ Yes ☐ No ☐ N/A
Recreation facilities provided?	☐ Yes ☐ No ☐ N/A
Swimming pool on the premises?	☐ Yes ☐ No ☐ N/A
Sporting or social events sponsored?	☐ Yes ☐ No ☐ N/A
Any structural alterations contemplated?	☐ Yes ☐ No ☐ N/A
Any demolition exposure contemplated?	☐ Yes ☐ No ☐ N/A
Does harbormaster or any other person live on premises?	☐ Yes ☐ No ☐ N/A

Additional remarks:

6 - Equipment/Tools

Complete the schedule below or attach an equipment schedule.

Description	Value	Valuation (ACV/RC)	Serial Number	Location

7 - Hull & Protection & Indemnity (P&I)

Hull Coverage

Name of Vessel	Year Built	Gross Ton.	Material of Hull	Type of Propulsion & H.P.	Type of Vessel	Length & Beam	Date of Last Dry Dock	Desired Amount of Insurance

Protection & Indemnity Coverage

Name of Vessel	Type of Cargo Carried	Number of Crew (excl. Owner)	Max Number of Passengers Cert. by U.S.C.G.	Liability of Vessels & Cargo in Tow (Desired)	Desired Amount of Insurance

General Information

Description of Operations:

Navigation Area:

Lay-up Period: From: (12:01 AM) To: (12:01 AM)

Is Lay up different from Section 2 Locations? If so, where?

Is Vessel: ☐ Hauled ☐ Dockside ☐ On Mooring

Any Overnight Trips: ☐ Yes ☐ No **If yes,** explain:

Principal Place of Mooring:

When was Vessel Last Surveyed: By Whom:

Have All Surveyor's Recommendations Been Completed: ☐ Yes ☐ No

If no, explain:

Attach vessel schedules, survey reports, and/or additional sheets if required.

8 - Crew & Personnel Information

- Number of certified operators
- Required certifications (USCG, EMT, firefighting, law enforcement marine unit)
- Training protocols
- Minimum experience required
- Annual training hours per operator
- Use of volunteers? ☐ Yes ☐ No
- Any dive operations?
- Any cadets/students/researchers on board? If yes: frequency, supervision, responsibilities

9 - Safety & Risk Management

- Written SOPs for vessel operations
- Emergency procedures
- Maintenance logs
- Incident reporting process
- Drug & alcohol testing policy
- Weather limitations
- Crew fatigue management policies

10 - Loss Record (All Sections)

Date of Loss	Cause/Description	Line/Section	Amount Paid	Amount Reserved/ Estimated	Status (Open/ Closed)

If none, state: **None.**

11 - Signatures & Fraud Warning	
Knowingly presenting false or misleading information in an application for insurance may be a crime and may subject the applicant to criminal and civil penalties.	
Authorized Signature:	
Print Name/Title:	
Date:	
Producer Signature (if applicable):	

If additional space is needed to capture exposures and/or other information, please feel free to attach supplemental information.

The Hartford