



Marine Managers

Commercial Marine and Longshore Insurance
So it's always smooth sailing

LIGMarine.com

"Thanks for the quick work. LIG really excels in customer service!"

— R.H. / Marine Insurance Advisor

DELIVERING LONGSHORE COVERAGE AT ITS BEST

From simple to complex, either a single state or every state, you will find LIG leading the way in COVERAGE.

LIG provides a unique combination of comprehensive Longshore coverage, with speedy and efficient turn-around service. Our knowledgeable Longshore experts and dedicated efficient staff are here to structure programs that best fit the needs of your clients.

THE LIG COMMITMENT

Educational Training and Resources

LIG provides all the tools needed for a complete understanding of Longshore:

- Online Videos
- Longshore Blog
- Longshore Toolbox

For a List of our Upcoming Seminars visit: LIGMarine.com

LIG LONGSHORE COVERAGE

LONGSHORE LITE

- Premiums \$10,000-\$200,000

LONGSHORE MONOLINE

- Premiums \$10,000 & up
- Including single projects

LONGSHORE CUSTOM

- Premiums from \$200,000 into the millions
- Custom solutions
- Packaged with WC & MEL or Monoline

Special Programs Tailor-made for:

- Marine Labor Providers
- Divers
- Bridge Painters

CONTACT



SUBMISSIONS:
Submit@LIGMarine.com



QUESTIONS:
Ask@LIGMarine.com



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(215) 554-6777

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+44 20710 13935

Longshore Supplemental Application

Employer Name: _____
Employer Primary Contact: _____ **Phone:** _____
Email: _____ **Website:** _____
Descriptions of Operations: _____

Safety and Employee Management

- 1 Check all methods used prior to hiring employees:

<input type="checkbox"/> Pre-Employment Physicals	<input type="checkbox"/> Medical Questionnaire
<input type="checkbox"/> Motor Vehicle Record Screening	<input type="checkbox"/> Criminal Background Check
- 2 Does the applicant conduct employee safety orientation training? ☐ Yes ☐ No
- 3 Does the applicant have a formal written safety program in place? ☐ Yes ☐ No
 If yes, explain: _____

- 4 Does the applicant have a formal fall protection program in place? ☐ Yes ☐ No
 If yes, explain: _____

- 5 Does the applicant have a fleet safety program in place? ☐ Yes ☐ No
 If yes, explain: _____

- 6 Is there an appointed Safety Director? ☐ Yes ☐ No
 If yes, enter name of person responsible: _____
- 7 Are safety meetings and training conducted? ☐ Yes ☐ No
 If yes, how often? _____
- 8 Does the applicant review and/or document accident investigations? ☐ Yes ☐ No
- 9 Does the applicant have a formal return-to-work program in place? ☐ Yes ☐ No
 If no, are you willing to implement a return-to-work program? ☐ Yes ☐ No
- 10 Do any employees work on vessels while the vessel is away from the dock? ☐ Yes ☐ No
- 11 Do employees use personal protective equipment? ☐ Yes ☐ No
- 12 Does the applicant have a formal drug testing program? ☐ Yes ☐ No
 If yes, check all that apply:

<input type="checkbox"/> Pre-employment/Post-offer	<input type="checkbox"/> Post-Accident
<input type="checkbox"/> Employee Assistance Program	<input type="checkbox"/> Random – Percentage: _____ %
- 13 Does the applicant provide health insurance? ☐ Yes ☐ No
- 14 What is the average weekly wage rate for the applicant's governing code? \$ _____ per ☐ Hr ☐ Wk
 If other, please explain: _____ ☐ Ann ☐ Other
- 15 Do you own/charter/lease or operate any aircraft? ☐ Yes ☐ No

Premium, Payroll, and Experience Mod History

Please fill in the correct amount for each of the following:

	Current Term	1st Prior	2nd Prior	3rd Prior	4th Prior
Carrier					
Premium					
Payroll					
Experience Mod					

Please attach a copy of the current experience mod worksheet. ☐ Attached

Please attach a copy of the renewal term experience mod worksheet. ☐ Attached

Additional Coverages Required

Please select any additional coverage(s) required for the applicant (check all that apply):

- ☐ Outer Continental Shelf Lands Act Endorsement ☐ Blanket Waiver of Subrogation
- ☐ Alternate Employer

Additional comments or remarks:

Additional Requirements - Please Attach the Following

- A fully completed WC Acord Application
- At minimum current and 4 prior terms loss runs - not over 3 months old
- If in business for LESS THAN 3 years OR if no prior coverage:
 - Resume of Principal(s) detailing experience in this type of operation and an explanation of why no prior coverage

Information Provided By

Insured:

Name

Title

Signature

Date

Phone Number

Agent:

Name

Title

Signature

Date

Phone Number