



# 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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## Longshore Energy 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:

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## 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