

Independent Contractors Insurance for Cruise Industry

Rahn & Associates offers a marine insurance policy for individuals and small groups of independent contractors contacted as supernumerary staff performing short term contracts on board cruise vessels. Policies are short term and coincide with the individual's or company's cruise line contractual obligations. We also offer coverages for Dry Dock and Wet Dock vender's and suppliers.

The policy is issued by A+ AM Best Marine underwriters with the following coverages.

Schedule A: MARINE GENERAL LIABILITY- LSW675

\$1,000,000 Per Occurrence, Combined Single Limit
\$1,000,000 General Aggregate
\$1,000,000 Products Completed Operations
Aggregate \$ 50,00,000 Personal and Advertising
Injury
\$ 50,000 Fire Legal Liability
\$ 5,000 Medical Payment
\$10,000 Deductible
Higher limits are available

Schedule: B MARITIME EMPLOYERS LIABILITY

With Maritime Labour Convention benefits
\$1,000,000 Policy Limit (Higher limits available) \$
10,000 Deductible
Benefits:
Medical Illness
Personal Accident
Death in Service
Repatriation to home country

Schedule C: Inland Marine-Property

\$50,000 Per Occurrence for loss/damage of property in transit
\$50,000 Per occurrence due to theft
Higher limits are available

Underwriting requirements:

Signed Application
Proof of National or Private Health Insurance
Copy of Cruise Line Contract
Copy of Passport page

Policy Excludes:

pre-existing conditions



*Specializing in Custom and Hard to Place
Insurance Risks*

(954) 790-6604
3984 NW 52nd Street, Boca Raton, FL 33496
info@rahn-associates.com
www.rahn-associates.com

Contact Information

Named Insured:	
Home Address:	
Home City:	
Home State:	
Home Postal Code:	
D.O.B (Date of Birth):	
Country of Residency:	
Passport #:	
Email:	
Phone:	



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Contract Information

Cruise Line Name:	
Ship's Name:	

Contract Dates Begin

Start Date:	
End Date:	

Policy Dates-Monthly Increments

Start Date:	
End Date:	
Number of Months Under Contract	

Scope of Work

Job Description:	
Cruise Ship Department:	

Insurance Coverages/Standard Limits of Liability

Comprehensive General Liability (Section A)	USD \$1,000,000	
Marine Employer Liability (Section B)	USD \$1,000,000	
Property/Equipment Liability (Section C)	USD \$50,000	

Insurance Questions

Questions:	Y/N:	If Yes, Please Explain:
<i>Does your work or act involve "on stage" passenger interaction? (1)</i>		
<i>Does your work require you to work on ladder, scaffolds or harness? (2)</i>		
<i>Have you been involved in or filed any claims for damages on account of personal injury, bodily injury, or property damage in the last 5 years? (3)</i>		
<i>Are there any accidents, events, claims, pre-existing conditions, occurrences or happenings of which the Insured is aware of which they should reasonably conclude be brought to the attention of Underwriters? (4)</i>		
<i>Have you ever had insurance declined or underwriters refuse to renew or have a criminal record (other than motoring offences)? (5)</i>		

Agreements (Please Initial)

<i>I understand that I will be required to obtain and/or maintain Proof of Medical/ Health Insurance from my home country (6)</i>	
<i>I understand that this Plan is not comply with the Affordable Care Act (7)</i>	
<i>I understand that this policy does not cover pre-existing medical or accident (8)</i>	



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Program Requirements

- Copy of contract between Cruise Lines and Independent Contractor or Company
- Copy of passport picture page
- Proof of National or Private Health Insurance
- No PEME Required

Signature

1. This application will be incorporated in its entirety into any relevant contract for insurance where insurers have relied upon the information contained therein.

2. Any misrepresentation in this application for insurance will render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary, by a supplement to the application. The Confirmation of Insurance cannot be released until the premium payment has been received.

Signature	Date
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