



**APPLICATION FOR WHARFINGERS LEGAL LIABILITY INSURANCE**

|                                       |            |                                   |                                     |
|---------------------------------------|------------|-----------------------------------|-------------------------------------|
| Applicant Name:                       |            | Years in Business                 |                                     |
| Address (including City, State, Zip): |            |                                   |                                     |
| Limit Requested                       | Deductible | Projected Gross Receipts for Term | Proposed Effective/Expiration Date: |
| \$                                    | \$         | \$                                |                                     |

**MOORING LOCATION(S):**

| Location(s): | Describe Location(s): |
|--------------|-----------------------|
|              |                       |
|              |                       |
|              |                       |
|              |                       |
|              |                       |

**VESSEL INFORMATION:**

|   |  |  |
|---|--|--|
| Describe Cargo Unloading operation including types of Cargo and Equipment used:           |  |  |
| Type & Number of Vessels docked for expired policy term:                                  | Ocean Vessels _____<br>Lakers _____<br>Barges _____<br>Other _____ | Dry Cargo: _____ Tankers: _____<br>Dry Cargo: _____ Tankers: _____<br>Dry Cargo: _____ Tankers: _____<br>Dry Cargo: _____ Tankers: _____ |
| Maximum size of vessel capable of being handled by the facility(ies):                     | Tonnage: _____   | Length: _____  |
| Average size of vessel handled by the facility(ies):                                      | Tonnage: _____   | Length: _____  |
| How are vessels docked?   |  |  |
| How are vessels moved?  |  |  |
| How (& by whom) are vessels secured at the facility(ies)?                                 |  |  |
| Are towing and switching operations done by others?                                       | YES / NO   | If Yes, please give details: _____<br>_____<br>_____   |
| Are vessels fleeted or otherwise kept in waiting before or after using the facility(ies)? | YES / NO   | If Yes, please give details: _____<br>_____<br>_____   |
| Number of berths at the facility(ies)?  |  |  |

|  |                |                |
|--|----------------|----------------|
| Number of vessels at the facility(ies) at any one time?            | Average: _____ | Maximum: _____ |
| Length of stay of vessels at facility(ies)?                        | Average: _____ | Maximum: _____ |
| Anticipated number of vessel docking(s) during the next 12 months? |                |                |

**INFORMATION:**

|   |   |   |
|---|---|---|
| Distance from nearest dock, bridge or lock  | Upstream: _____<br>Downstream: _____                              |   |
| Watchman Service:   | YES / NO _____  | How many? _____<br>24 hours per day? YES / NO _____ |
| Fire Protection:  | Municipal or Volunteer: _____<br>Distance from Location(s): _____ |   |
| Has any insurance company ever cancelled or declined to issue or renew this form of insurance for this applicant? | YES / NO _____  | If Yes, WHY? _____<br>_____<br>_____                |

**LOSS INFORMATION:**

| List all Wharfinger Legal Liability claims (insured or not) during past 5 years on all operations. (ATTACH FULL LOSS EXPERIENCE DETAILS) |         |                 |                |       |
|--|---------|-----------------|----------------|-------|
| YEAR   | PREMIUM | PAID LOSSES     | OPEN / SETTLED | TOTAL |
|  |         |                 |                |       |
|  |         |                 |                |       |
|  |         |                 |                |       |
|  |         |                 |                |       |
|  |         |                 |                |       |
| Applicant Signature  | Date    | Agent or Broker | Date           |       |

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.