

B. Personal Property In Applicant's Custody Or Control With Value That Exceeds \$25,000:

Personal Property Description	Estimated Value

C. Contractual Liability:

Give Details of Written Agreements Other Than Those Automatically Covered By M&C Policy:

Describe Other Company, Organization or Entity	Describe Nature Of Applicant's Obligation
1	
2	
3	
4	
5	

D. Products Liability – List Products:

(1) Manufactured _____

(2) Sold _____

(3) Distributed _____

E. Professional Liability/Malpractice: Give Details of Any Activities Which Might Involve Malpractice And/Or Errors And Omissions Exposures:

F. Railroads: Give Details Of Any Railroads Owned, Maintained or Operated By Applicant:

G. Motorized Vehicles: Number: Passenger Vehicles _____ Commercial Vehicles _____

Licensed Public Road Utility Vehicles	Number (Qty)	Operating Radius (Miles)	Cargo Carried
1 Trucks			
2 Tractors			
3 Trailers			
4 Tankers			
5 Vans & Pickups			
6 Other: (Specify)			

Vehicles <u>Not</u> Licensed For Public Road Use	Number (Qty)	Operating Radius (Miles)	Cargo Carried
1 Earthmovers			
2 Bulldozers			
3 Cranes			
4 Other (Specify)			
5 Other (Specify)			

H. Worker's Compensation

- (1) Statutory Worker's Compensation Carried? Yes / No
- (2) If Not, Is Applicant A Qualified Self-insurer? Yes / No
- (3) Is Any Worker's Compensation Carried? Yes / No
- (4) What is Employer's Liability Limit? \$ _____

I. Aircraft

- (1) Describe Owned Aircraft: _____
- (2) Describe Leased/Chartered Aircraft: _____

J. Advertising:

- (1) Describe Methods And Level of Expenditures: _____

- (2) Advertising Agency Used? Yes / No

K. Does Applicant Do Any Blasting Or Other Use of Explosives? Yes / No

If Yes, Describe: _____

L. Non-Marine Liability Loss Experience:

Provide A Full 5-Year Record Of Incidents In Excess of \$5,000:

Date Of Loss	Description	\$ Paid	\$ Outstanding

4. MARINE EXPOSURES

A. List Any Landing, Pier Or Wharf Leased Or Operated By Applicant Where Non-owned Vessels Come Under The Care, Custody or Control Of Applicant:

Location	Annual Vessel Days	Type of Ops	Gross Receipts

B. Describe Any Marine Terminal Or Stevedore Operation of Applicant:

Location	River And Mile Marker	Gross Receipts

C. Describe Any Shipbuilding, Ship Repairing Or Barge Cleaning Operation of Applicant:

Location	Type of Ops	Gross Receipts

D. Does Applicant Engage In Gas-Freeing? Yes / No

If Yes, Provide Details: _____

E. Does Applicant Ever Charter Or Lease Vessels? Yes / No

If Yes, Provide Details: _____

F. Does Applicant Own, Operate or Charter Any Private Pleasure Craft? Yes / No

If Yes, Provide Details: _____

G. Does Applicant Have Exposure Under The Longshoreman's And Harbor Worker's Act?

Yes / No If Yes, Describe Details And Complete Table Below:

Number of Employees	Payroll, If Any	Type Of Work Performed

H. Schedule of Commercial Vessels Applicant Owns, Leases, Charters Or Operates:

Name	Type of Vessel	Crew #	Hull Value Limits	P&I Limits	Collision/Towers Limits
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

I. Marine Liability Loss Experience:

Provide A Full 5-Year Record Of Incidents In Excess of \$10,000.00:

Date Of Loss	Description	\$ Paid	\$ Outstanding

5. SCHEDULES OF UNDERLYING INSURANCE: List All Liability and Compensation Policies To Apply As Underlying Insurance (sublimits within underlying policies are not considered scheduled underlying limits). All Underlying Companies must be "A" IX or better at all time as rated by A.M. Best's Key Rating Guide. As regards Pollution/OPA-90/CERCLA, Water Quality Insurance Syndicate and/or Lloyd's Underwriters 100% are acceptable.

A. Non-Marine Exposures (Minimum Requirement Is \$1,000,000 CSL And GL Including Products and Auto):

Type of Insurance	Insurance Company	Policy #	Period	Limits B.I./P.D.	Premium B.I./P.D.
General Liability					
Products Liability					
Auto Liability					
Worker's Compensation					
Other (Specify)					

B. Marine Exposures – Minimum Requirement is \$1,000,000.00 CSL Except Pollution (WQIA/OPA-90/CERCLA) which is \$5,000,000.00 CSL.

Type of Insurance	Insurance Company	Policy #	Period	Limits B.I./P.D.	Premium B.I./P.D.
Hull & Machinery					
Protection & Indemnity					
Collision/Towers					
Barge Bailee					Rate If M&D
Shiprepairers					Rate If M&D
Other (Specify)					
Pollution (WQIA/OPA-90/CERCLA)					

C. Do All Above Policies Apply To All Companies Or Operations? Yes / No
If Not, State Exceptions:

D. Do Previous Policies Apply To All Companies Or Operations? Yes / No

E. Has Coverage Listed Above Been Cancelled Or Renewal Refused In The Last 5 Years?

Yes / No If Yes, List Each Coverage And The Reason For Cancellation Or Non-renewal:

Coverage	Reason For Cancellation Or Non-renewal

6. SELF-INSURED RETENTION LIMITS REQUESTED:

___ \$25,000 ___ \$50,000 ___ Other

7. TERRORISM INSURANCE NO ___ YES ___

I/We hereby attest that the information provided above is complete and accurate to the best of my/our knowledge and believe, and it is our understanding, that underwriters shall rely heavily upon the information and representations provided in determining the acceptability and rates and conditions of coverage. I/We further understand that the information above is the basis of insurance, if granted, but providing such information does not obligate me to accept the insurance, nor is The Company obligated to accept the risk. Any misrepresentation or omission may constitute grounds for immediate cancellation and denial of claims, if any. I/We also understand that this application shall be attached to and form part of the policy, should one be issued.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____ Tel: (____) _____

Applicant's Position Or Title: _____

Applicant's Email Address: _____

Applicant's Company Web Site (If Any): www._____

Submitting Broker: _____