

Continental Underwriters, Ltd.

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WHARFINGER'S LEGAL LIABILITY APPLICATION (Form UW-X)

1. GENERAL INFORMATION

- A. Full Name of Applicant: _____
- B. Date Started Business: _____
- C. Prior Business Name (If Any): _____
- D. Dock Location: _____
Street City State Zip
- E. Date Moved To This Location: ____/____/____
- F. Office Location/Address: _____
Street City State Zip
- G. Mail Address (If Different From Office): _____
Street City State Zip

2. SITE PROFILE

- A. Water Depth: _____ Feet
- B. Number of Berths: _____
- C. Adjacent Exposures: (Attach Map) _____
Distance To Next Dock: Upstream _____ Feet Downstream _____ Feet
- D. Is Dock Exposed to Passing Traffic? Yes / No If Yes, Describe: _____

- E. Is Area Subject To, Or Has It Ever Been Subject To Seasonal Flooding Or Extraordinary Ice Movement?
Yes / No If Yes, Describe: _____

3. FIRE AND SECURITY CONDITIONS

- A. Is Regular Watchman Service Maintained At Dock? Yes / No
If Yes, Describe: _____
- B. Describe Extent Of Fire Protection: _____
- C. Distance To Nearest Fire Department: _____

4. DOCKED VESSELS

B. How Long Do Vessels Remain At Dock? _____ Days

C. Does Applicant Berth and Unberth Vessels? Yes / No

If Yes, Describe Equipment Used And Identify Location of Equipment:

D. Describe The Specific Services Applicant Performs On Docked Vessels:

E. Is A Fueling Facility Provided? Yes / No

If Yes, At Which Location(s)? _____

Type of Fuel(s) Handled: _____

F. Vessels Moored:

Vessel Type	Average Number Moored At Any One Time	Estimated Number Of Vessel Days Annually
Deck Barges		
Crane Barges		
Tank Barges		
Hopper Barges		
Towboats		
Crewboats		
Supply Boats		
Fishing Vessels		
Other (Specify):		

4. LOSS EXPERIENCE – PAST FIVE (5) YEARS: Include Any Deductible In The Dollar Amount of Loss And Include All Losses Not Covered By Insurance:

Date Of Loss	Description	\$ Paid	\$ Outstanding

5. SKETCH OF APPLICANT'S LANDING OR MOORING FACILITY:

6. REMARKS:

7. TERRORISM INSURANCE YES ___ NO ___

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 Email Address (If Any): _____

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