

BUMBERSHOOT (UMBRELLA) POLICY APPLICATION

DATE _____

A. GENERAL INFORMATION**A. Account Name** _____

Address: _____

City / State / Country: _____ Postal Code: _____

Website: _____ Phone: _____

B. Insurance Agent or Broker: _____

Address: _____

City / State / Country: _____ Postal Code: _____

Email: _____ Phone: _____

C. Description of Business: _____

Number of years in the business under present management: _____

Annual Payroll: \$ _____ Number of Employees (excl. shipboard) _____

Annual Receipts: \$ _____ Number of Shipboard Employees _____

Annual Advertising Expenditure: \$ _____

Method of Advertising: _____

D. Operations / Crew / Employees

Leased property for which applicant is responsible: _____

List docks, piers, terminals, etc. where the applicant maintains facilities:

_____Other property in applicant's care, custody and control: _____

Jones Act expenses: Yes No Applicable payroll: \$ _____

Federal Longshoreman's Act exposure: Yes No
 Applicable payroll: \$ _____

Attach details of any Contractual Liability Agreement, or General Agency Agreement:

Attach number and type of owned and/or leased aircraft or watercraft (list ocean going vessels separately by name):

B. Insurance Coverage Information

A. Proposed Effective Date: _____

B. Insurance Limits Requested: \$ _____

C. Primary Insurance coverage and exposures (if no known exposures please indicate): _____

D. Amount P&I \$ _____ Type of Policy: _____
 Unusual Exclusions (list): _____

E. Hull Insurance Amounts

Name of Vessel	Vessel Value	Hull Ins.	Carrier	Limitations on Collision Liability

Please attach details of any specific limitations or exclusions in Primary Insurance not otherwise noted:

Please attach a description of any known deficiencies or any other relevant facts which might affect underwriter's judgment when considering this application:

Insurance Coverage	Amount	Carrier
P&I	\$	
Maritime Employers Liability	\$	
Excess Collision Liability	\$	
Charterer's Legal Liability	\$	
Stevedore's Legal Liability	\$	
Ship Repairer's Legal Liability	\$	
Vessel Pollution	\$	
General Liability	\$	
Auto Liability *attach full auto schedule	\$	
Employers Liability	\$	
Additional Coverages	\$	
Additional Coverages	\$	

C. Account History

A. Current Insurance Policy with _____

Has current insurance company requested replacement of coverage or sent notice of cancelation? Yes No

B. Please attach Loss Information for Last 5 Year Period (Liability losses insured or uninsured, paid or outstanding exceeding \$25,000):

Any person who knowingly and with intent to defraud any insurance company or other person files an application of insurance containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Signature of Applicant _____ Date _____

Signature of Broker