

**TERMINAL OPERATOR'S / STEVEDORE'S / WHARFINGER'S
LEGAL LIABILITY 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 business under current management: _____

Location of facility: _____

Number of years at this location: _____

Does Applicant Own or Lease facility. (Owner name if leased) _____

Number of employees: _____ Full Time _____ Part Time _____

Please attach experience of principles and senior operating personnel: _____

D. Annual Gross Receipts:

Year	Terminal Operations	Stevedore's Operations	Wharfinger's Operations	Total Gross Receipts (All Operations)
20				
20				
20				
20				
20				

E. Annual Payroll:

Year	Terminal Operations	Stevedore's Operations	Wharfinger's Operations	Total Gross Receipts (All Operations)
20				
20				
20				
20				
20				

F. Annual Tonnage / Throughput:

Year	Terminal Operations	Stevedore's Operations	Wharfinger's Operations	Total Gross Receipts (All Operations)
20				
20				
20				
20				
20				

G. Adjacent Exposures

Distances to Adjacent Docks and Major Waterway Constructions / Obstructions:

	Docks	Fleeting Locations	Bridges	Locks	Dams	Other
Upstream						
Downstream						

Distances to Major Shoreside Constructions / Obstructions:

	Chemical Plants	Refineries	Ferry Landings	Other
Upstream				
Downstream				

H. Maritime Hazards:

Tidal Range _____ Mean Water Depth _____ Speed of Current _____
 Frequency and Severity of Flooding / High Water: _____
 Breadth of River / Channel at Location: _____
 Attach a full description of the nature and extent of all Waterborne Traffic passing the facility. Include a map of the facility and surrounding area if possible.

I. Terminal Operations:

Please attach a full description and map of the physical layout of the terminal operations, including major pipelines, tanks, dock facilities, as well as major waterway and shoreside constructions.

Percentages of freight handled: Domestic _____ % International _____ %

Are any business activities other than handling and storing Cargoes performed at the terminal?

Yes No If Yes, please explain: _____

Maximum value stored Any One Time: \$ _____

Average value stored Any One Time: \$ _____

Does Applicant perform any Blending of Products? Yes No

If Yes, please attach full details.

Does Applicant's operations involve lifting and/or moving vessels using cranes, hoists, etc.? Yes No If Yes, please explain: _____

How many times a year: _____

Lifting capacity of each crane: _____

J. Docking Activity

Type of Vessels using Facility (i.e. Tug/Barge Combo, Container, etc.):

Type of Vessel	Ave. Value (Tonnage)	Max. Value (Tonnage)	Ave. Length (in Feet)	Max. Length (in Feet)

How are Vessel/Barge movements accomplished and by whom are the vessels moved? _____

Are vessel movements subject to Coast Guard regulations? Yes No

If Yes, Please explain: _____

How and by whom are the Vessels / Barges secured at the facility?

Number of Berths Annually: _____

	Number Vessels at Facility at One Time	Length of Stay of Vessel in Berth	Length of Stay of Vessel at Facility
Average			
Maximum			

Vessels / Barges Serviced Annually:

	Ocean Vessels	Great Lakes	Barges	Other
Tankers				
Dry Cargo				

Does Applicant require Certificate of Pollution Insurance from all Vessels/Barges calling at the facility? Yes No Please provide limits: _____

K. Cargo Handling Operations:

Describe the commodities handled and/or specialized in (containerized, bulk, dry, autos, perishables, liquid, etc.). If black oils are handled, identify type:

Type of Cargo	Packing of Cargo	Annual Tonnage / Volume	Percentage Owned

Is Applicant responsible for Stevedoring Operations? Yes No

Attach details of facilities and equipment used for loading / unloading operations.

Is Equipment Owned Leased Rented

If 'Leased' or 'Rented', who is the Operator? _____

Does the Applicant operate any Shoreside Equipment? Yes No

Please specify: _____

Is any lift-on, lift-off operation or handling of container shipments involved?

Yes No Please specify: _____

Is cargo stored on premises? Yes No Please describe Applicant's responsibility for cargo: _____

Values of cargoes stored monthly: Average \$ _____ Maximum \$ _____

Are any tank / liquid storage provided? Yes No If Yes, Please attach details.

Is Applicant responsible for or owner of any trucks, rail cars, or other vehicles which are used on the premises? Yes No

If Yes, please describe responsibility for such vehicles: _____

Does operation include Lighterage? Yes No Indicate percentage _____%

Is any truck or railcar loading done? Yes No Indicate percentage _____%

Does Applicant operate under any Written Contracts? Yes No

Do they include:

Any 'Hold Harmless' Clauses? Yes No If Yes, please explain.

Any provisions which Limits or Extends Assured's Liabilities imposed by law? Yes No If Yes, please explain.

Please provide copies of all Contracts with rates deleted.

L. Safety / Security

Attach description of the nature and extent of any fire protection available at the facility, including distances to municipal, county, or other fire department stations, as well as distances to public fire hydrants. Indicate fire protection rating for the area.

If Liquid Terminal, please advise dike features, including capabilities:

Are all Tank Vessels / Barges boomed during Loading / Offloading?

Yes No

Describe Security at Facility: _____

24-Hour Watchman on Premise? Yes No

Fenced? Yes No

Floodlights? Yes No

Does Applicant have a Formal Safety Program in Effect? Yes No

If Yes, please attach a description of the program.

B. Insurance Coverage Information

Proposed Effective Date: _____

Limit of Liability requested: \$ _____

Deductible: \$ _____

Other Insurance currently written by or submitted to Continental Underwriters:

Yes No If yes, provide details: _____

C. Account History

Current Insurance Policy with _____

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

Premium & Loss information for last 5 year period: (attach full loss experience details - list all claims insured or not during past 5 years on all operations)

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