

## WHARFINGER'S LEGAL LIABILITY POLICY APPLICATION

DATE \_\_\_\_\_

<b>A. GENERAL INFORMATION</b>
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**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: \_\_\_\_\_

**D. 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				

**E. 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.

**F. Fleeting / Shifting / Docking Operations:**

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

 Is vessel movement subject to Coast Guard regulations?  Yes  No

Explain: \_\_\_\_\_

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

 Are vessels Fleeted  or Kept-in-Waiting  before or after being serviced 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				

If figures listed above vary greatly from projections for upcoming year, please provide updated projections:

	Ocean Vessels	Great Lakes	Barges	Other
Tankers				
Dry Cargo				

**G. Cargo Handling Operations:**

Describe loading / unloading operations: \_\_\_\_\_

Does Applicant have any responsibility for loading / unloading operations?

Yes  No Describe: \_\_\_\_\_

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

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: \_\_\_\_\_

**H. Safety / Security**

Describe nature and extent of any fire protection available at the facility:  
\_\_\_\_\_

Fire Department Distance? \_\_\_\_\_ Hydrant distance? \_\_\_\_\_

A.I.A. Fire Protection Rating for the area? \_\_\_\_\_

**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.

Does Applicant have any contracts either limiting or extending the liabilities imposed by the law?  Yes  No

Please Describe: \_\_\_\_\_

## **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)

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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 \_\_\_\_\_

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\_\_\_\_\_  
Signature of Broker