



TERMINAL OPERATOR'S LEGAL LIABILITY APPLICATION

PRODUCER INFORMATION

1. Name of agency: _____
2. Producer and telephone number: _____
3. Is the account new to the producer? YES NO If "No," how many years has this account been handled? _____

GENERAL INFORMATION

1. Name of insured: _____
2. Contact person for inspection and telephone number: _____
3. Mailing address: _____
4. Year business started: _____
5. Website: _____
6. Other named insureds: _____
7. Has insurance ever been cancelled or non-renewed on this insured? YES NO If "Yes," why? _____

8. Policy period From: _____ To: _____ Limit required: _____ Deductible required: _____

ACCOUNT DETAILS

1. Does insured operate at owned or leased locations/terminals? _____
2. Please list each location and address: _____

STEVEDORING OPERATIONS / EXPOSURES

Types of Cargo Handled and Approximate Percentage by Volume		Payroll Last 3 Years		Receipts Last 3 Years	Tonnage Last 3 years
Dry Bulk: %	Liquid Bulk: %	(Yr 20 ____)	(Yr 20 ____)	(Yr 20 ____)	(Yr 20 ____)
Break Bulk: %	Container: %	(Yr 20 ____)	(Yr 20 ____)	(Yr 20 ____)	(Yr 20 ____)
Steel: %	Scrap Steel: %	(Yr 20 ____)	(Yr 20 ____)	(Yr 20 ____)	(Yr 20 ____)
		Estimate for upcoming year	Estimate for upcoming year	Estimate for upcoming year	Estimate for upcoming year
Ro/Ro: %	Vehicles: %				
Other (Describe Percentage and Type): _____%		Percentage of Payroll supplied by: Union Longshoremen _____% Labor Pools _____% Subcontractor's _____%			

1. Does insured stuff or empty containers? YES NO
2. Any exposure to railroad operations? YES NO
3. Any heavy lifts? YES NO
4. Any lightering operations performed? YES NO
5. Have the insured's operations been subject to an Independent Safety Audit? YES NO If "Yes," by whom? _____

6. Describe private fire protection: _____
7. Public fire department: Paid Volunteer
8. Public fire hydrants: How many? _____ How far distant? _____
9. Public fire mains: Size: _____ Pressure: _____
10. How many watchmen employed? _____ How many each shift? _____ Watch clocks? YES NO
11. Is yard fenced in, with guard at gate, when yard is operating? YES NO
12. Does insured operate under written contracts which include "Hold Harmless" agreements or any provisions which insured assumes liabilities? YES NO If "Yes," please furnish copies.
13. Describe all equipment and gear used for loading, unloading, and handling cargo: _____

14. Indicate which equipment or gear is owned, leased, or rented: _____

15. Who operates above described equipment and gear? _____

WHARFINGER'S OPERATION / EXPOSURES

1. Dock distance to adjacent exposures: Upstream _____ Downstream _____
2. Distance to major waterway construction/obstruction (i.e. fleeting locations, bridges, locks, dams)
Upstream _____ Downstream _____
3. Frequency and severity of flooding/high water: _____
4. Describe extent of water traffic: _____
5. Does insured or 3rd party tugs/tow boats handle the fleeting, shifting, and docking of vessels/barges from dock? YES NO
6. Are vessels inspected and signed for when picked up and delivered? YES NO

Types of Vessels Moored and Estimated Vessel Days Annually for the Coming Policy Year

Type	Average No. Moored At Any One Time	Estimated No. of Vessel Days Annually
Deck Barges		
Tow Boats		
Fishing Vessels		
Petrochemical Barges		
Dry Bulk Barges		
Chemical Barges		
Crew Boats		
Supply Boats		
Other (Identify):		

7. Does insured berth and unberth vessels? YES NO
8. Number of berths: _____
9. How long do vessels remain at dock? _____
10. Is regular watchman service maintained at dock? YES NO How many each shift? _____
Watch clocks? YES NO
11. Describe the specific services performed to docked vessels: _____
12. Is a fueling facility provided? YES NO
13. Types of fuel handled: _____

TERMINAL OPERATIONS / EXPOSURES

1. Description of goods stored indoors and/or under-roof: _____

2. Description of goods stored outdoors and/or open yard: _____

3. Average & maximum values at risk at any one time in each warehouse: _____

4. Length of storage time: _____
5. Any storage contracts or warehouse receipts issue? YES NO
6. Any refrigerator/temperature controlled goods stored? YES NO
7. Please describe the physical attributes of each storage building/warehouse (Include but do not limit details to: construction, sprinklered, central stationed alarmed for security-smoke-fire protection, fire, & E.C. rates): _____

8. Method of cargo movement through terminal (i.e. vessel versus rail versus truck versus other): _____
9. Any pipeline exposure? YES NO If "Yes," describe exposure: _____

10. If insured has liquid bulk exposures, please provide: number of storage tanks, and tank storage capacity for each tank:

Payroll Last 3 Years	Receipts Last 3 Years	Tonnage Last 3 years
(Yr 20 ____)	(Yr 20 ____)	(Yr 20 ____)
(Yr 20 ____)	(Yr 20 ____)	(Yr 20 ____)
(Yr 20 ____)	(Yr 20 ____)	(Yr 20 ____)
Estimate for upcoming year	Estimate for upcoming year	Estimate for upcoming year

11. Attach Loss Experience for the past 5 years (Should include: Date of Loss, Description of Loss, Amounts Paid & Outstanding, and Applicable Deductible).

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

The foregoing statements made and signed by the applicant and/or his duly authorized agent are warranted by him to be a correct and true basis on which insurance may be granted, but in no way bind the applicant to accept the quotation or the insurers to accept the risk.

Applicant's Signature: _____ Date: _____

Agent's Signature: _____ Date: _____