



**APPLICATION FOR WHARFINGERS LEGAL LIABILITY INSURANCE**

Applicant Name:			Years in Business
Address (including City, State, Zip):			
Limit Requested \$	Deductible \$	Projected Gross Receipts for Term \$	Proposed Effective/Expiration Date:

**MOORING LOCATION(S):**

Location(s):	Describe Location(s):

**VESSEL INFORMATION:**

Describe Cargo Unloading operation including types of Cargo and Equipment used:		
Type & Number of Vessels docked for expired policy term:	Ocean Vessels Lakers Barges Other	Dry Cargo: _____ Tankers: _____ Dry Cargo: _____ Tankers: _____ Dry Cargo: _____ Tankers: _____ Dry Cargo: _____ Tankers: _____
Maximum size of vessel capable of being handled by the facility(ies):	Tonnage:	Length:
Average size of vessel handled by the facility(ies):	Tonnage:	Length:
How are vessels docked?		
How are vessels moved?		
How (& by whom) are vessels secured at the facility(ies)?		
Are towing and switching operations done by others?	YES / NO	If Yes, please give details: _____ _____ _____
Are vessels fleeted or otherwise kept in waiting before or after using the facility(ies)?	YES / NO	If Yes, please give details: _____ _____ _____
Number of berths at the facility(ies)?		

Number of vessels at the facility(ies) at any one time?	Average: _____	Maximum: _____
Length of stay of vessels at facility(ies)?	Average: _____	Maximum: _____
Anticipated number of vessel docking(s) during the next 12 months?		

**INFORMATION:**

Distance from nearest dock, bridge or lock	Upstream: _____  Downstream: _____	
Watchman Service:	YES / NO	How many? _____ 24 hours per day? YES / NO
Fire Protection:	Municipal or Volunteer: _____ Distance from Location(s): _____	
Has any insurance company ever cancelled or declined to issue or renew this form of insurance for this applicant?	YES / NO	If Yes, WHY? _____ _____ _____

**LOSS INFORMATION:**

List all Wharfinger Legal Liability claims (insured or not) during past 5 years on all operations. (ATTACH FULL LOSS EXPERIENCE DETAILS)				
YEAR	PREMIUM	PAID LOSSES	OPEN / SETTLED	TOTAL
Applicant Signature	Date	Agent or Broker	Date	

**ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.**