



WHARFINGER'S LEGAL LIABILITY APPLICATION

PRODUCER INFORMATION

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

GENERAL INFORMATION

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

- Policy period From: _____ To: _____ Limit required: _____ Deductible required: _____

ACCOUNT DETAILS

- Location of dock (please list each location and address) _____

- Distance to adjacent exposures: Upstream _____ Downstream _____
- Distance to major waterway construction/obstruction (i.e. fleeting locations, bridges, locks, dams)
Upstream _____ Downstream _____
- Frequency and severity of flooding/high water: _____
- Describe extent of water traffic: _____
- Does insured or 3rd party tugs/tow boats handle the fleeting, shifting, and docking of vessels/barges from dock? YES NO
- 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):		

- Does insured berth and unberth vessels? YES NO
- Number of berths: _____

10. How long do vessels remain at dock? _____
11. Is regular watchman service maintained at dock? YES NO How many each shift? _____
 Watch clocks? YES NO
12. Describe the specific services performed to docked vessels: _____
13. Is a fueling facility provided? YES NO
14. Types of fuel handled: _____
15. Have the insured's operations been subject to an Independent Safety Audit? YES NO If "yes," by whom? _____
16. Describe private fire protection: _____
17. 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.
18. Public fire department: Paid Volunteer
19. Public fire hydrants: How many? _____ How far distant? _____
20. Public fire mains: Size: _____ Pressure: _____
21. Receipts last three years: (Yr. 20 __) _____ (Yr. 20 __) _____ (Yr. 20 __) _____
22. Estimate receipts for upcoming year: _____
23. 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: _____