



MARINE COMMERCIAL LIABILITY

SUPPLEMENTARY INFORMATION FOR STEVEDORES

1. Applicant's Name:
2. Mailing address and phone number:
3. Number of years in business: Number of years under current management:
4. Location(s):
5. Please advise the following for each type of cargo separately:

Type of Cargo	Tonnage handled Last 12 months	Tonnage estimated next 12 months	Method of handling
General Break-bulk Cargoes	_____	_____	_____
Refrigerated/chilled Cargoes	_____	_____	_____
Bulk Grain	_____	_____	_____
Coal/Bulk Ores	_____	_____	_____
Liquid Chemicals	_____	_____	_____
Bulk Oils	_____	_____	_____
Scrap Metals	_____	_____	_____
Heavy Lift Cargoes	_____	_____	_____
Containerized	_____	_____	_____
Automobiles	_____	_____	_____
Explosive, Flammable or Toxic Cargoes	_____	_____	_____
Machinery	_____	_____	_____

6. Total Annual Gross Receipts last 5 years:

19 _____ 19 _____ 19 _____ 19 _____ 19 _____

7. For liquid cargoes in bulk, are you responsible for hook-up of pipes

(a) Aboard Ship? Yes No (b) At shoreside connection/tank farms? Yes No

8. Are you responsible for properly and safely stowing as well as loading or unloading cargoes? Yes No

9. Do you perform lighterage operations? Yes No If yes, (a) How far offshore are the lightered ships? ___miles (b) What kind of cargoes are involved?

10. Do you own or lease the terminal you service?

11. Do you operate using your own cargo handling equipment?

12. If Ship's handling equipment is used, what percentage of the time does this happen?

13. Whose employees operate the equipment? Yours or the Ship's?

14. If Ship's crew operate the equipment, do they do so under your direction? Yes No

15. Is there a municipal or volunteer fire department?

16. What is the distance from the nearest fire fighting facility?

17. Number of fire hydrants at your facility?

18. Number of fire extinguishers at your facility?

19. Who is your current insurance carrier?

20. How long insured by them?

21. Has your insurance ever been cancelled? If yes, why and by whom?

22. Limit of liability requested \$ _____ Deductible \$ _____

23. If our quotation is accepted, what is date of attachment?

24. Current premiums? (i.e. Minimum & Deposit and adjustment rate):

25. Are revenues generated from other than the marine operations described above? _____
If so, provide details:

26. Does applicant use employee leasing services and/or temporary workers? _____
If so, are there hold harmless/indemnity agreements in place in the applicant's favor?
_____ Waiver of subrogation? _____ Are certificates of insurance obtained?
_____ What limits? _____

27. List all losses during the last 5 years (amounts should include deductible)

Date of Loss	Amount Paid	Amount Outstanding	Description of Loss
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28. Contact and phone number to arrange an inspection:

29. Producer remarks:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for 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. (Applicable to New York State Only.)

Signing this application does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.

_____ Applicant Signature	_____ Company Title	_____ Date
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_____ Producer Signature	_____ Company Title	_____ Date
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