

## RLI Insurance Company Peoria, IL 61615

## STEVEDORE'S LEGAL LIABILITY APPLICATION

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?	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: 7. To: 8. Limit required: 9. Deductible required: 9. Deductible required: 9. Please list each location and address:  Types of Cargo Handled and Approximate Percentage by Volume 9. Percentage by Volume 9. Payroll Last 3 Years Receipts Last 3 Years Tonna Persentage by Volume 9. Persentage by Volume 9. Payroll Last 3 Years Receipts Last 3 Years Tonna (Yr 20 ) (Yr 20	PRODUCER INFORMATION											
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	e. Fublic life department. Faid volunteer												
	10. Public fire hydrants: How many? How far distant?	10. F											

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11.	Public fire mains: Size:	Pressure:									
12.	How many watchmen employed?	How many each shift?	Watch clocks?	YES	NO						
13.	Is yard fenced in, with guard at gate, when yard is ope	rating? YES NO									
14.	Does insured operate under written contracts which inc	clude "Hold Harmless" agreements or	any provisions which ir	nsured as	sumes						
	liabilities? YES NO If "Yes," please furnish co	ppies.									
15.	Describe all equipment and gear used for loading, unlo	pading, and handling cargo:									
16.	Indicate which equipment or gear is owned, leased, or	Indicate which equipment or gear is owned, leased, or rented:									
17.	Who operates above described equipment and gear?										
18.	Attach Loss Experience for the past 5 years (Should in	clude: Date of Loss, Description of Lo	oss, Amounts Paid & Ou	utstanding	g, and						
	Applicable Deductible).										
	a crime to knowingly provide false, incomplete, or mis	•	company for the purpo	se of def	rauding						
ine	company. Penalties may include imprisonment, fines, a	nd denial of insurance benefits.									
	e foregoing statements made and signed by the applicate basis on which insurance may be granted, but in not in.	•									
App	olicant's Signature:		Date:								
Age	ent's Signature:		Date:								

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