



## 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: \_\_\_\_\_