

Supplemental Application for **STEVEDORES LEGAL LIABILITY INSURANCE**

*to be used with standardized industry Commercial Insurance Applications
Applicant Information Section, Commercial General Liability Section (as needed)*

Please Print or Type

1. Name of Applicant

Policy Period			Limit Requested	Deductible Requested
From:	To:		\$	\$

2. Cargo Handled:

	Tonnage	Number	Principal Cargo Handled	Percentage of Total
a. Other Than Containerized:				
Dry Bulk			1.	%
Break Bulk			2.	%
Scrap Metals			3.	%
Steel			4.	%
Automobiles/Vehicles			5.	%
b. Containerized:			6.	%
20' Containers			7.	%
40' Containers			8.	%
Other Sizes (Specify)			9.	%
c. Other (Specify Type):			10.	%
			11.	%
			12.	%
d. Total:			Total:	100%

3. Owned/Leased Terminals:

Does the Applicant operate at owned or leased terminals? If Yes, list the terminal locations and indicate owned or leased: Yes No

a.				Owned	Leased
b.				Owned	Leased
c.				<input type="checkbox"/> Owned	<input type="checkbox"/> Leased

4. Cargo Handling Equipment:

Does Applicant use ship or dock gear? Ship Dock

If Dock Gear, identify type of gear and whether it is owned, leased, or rented and who provides the equipment:

5. Miscellaneous:

- a. Does Operation include Lighterage? If Yes, show percentage: _____ % Yes No
- b. Does Applicant engage in stuffing or unstuffing of containers? Yes No
- c. Does Applicant handle any heavy lifts? Yes No
- d. Does Applicant utilize Union supplied Longshoremen? Yes No
- e. Does Applicant operate under written contracts? Yes No
 - If Yes, are there any hold harmless agreements? Yes No
 - If Yes, does applicant assume liability beyond that imposed by law? Yes No

Explain all "Yes" responses:

6. Other Exposures: _____

Does Applicant require liability coverage for:

- | | | |
|------------------------|------------------------------|-----------------------------|
| a. Landing Owners? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Terminal Operators? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Tankermen's? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Other (Identify)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If Yes, complete the applicable Supplemental Application for the coverage being requested.

7. Loss Experience

Please attach loss experience for the past 5 years with amounts paid and outstanding (including uninsured losses). Loss runs from prior carriers are preferred.

Comments:

ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE, CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

I understand that the above information, which is correct and complete to the best of my knowledge, is to be the basis of insurance, if granted, but does not oblige me to accept the insurance, nor the company to accept the risk.

Date: _____

Applicants Signature: _____

Title: _____