



STEVEDORE'S LEGAL LIABILITY APPLICATION

PRODUCER INFORMATION

1. Name of agency: _____
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: _____ To: _____ Limit required: _____ Deductible required: _____

ACCOUNT DETAILS

1. Does insured operate at owned or leased locations/terminals? _____
2. Please list each location and address: _____

Types of Cargo Handled and Approximate Percentage by Volume		Payroll Last 3 Years		Receipts Last 3 Years		Tonnage Last 3 years	
Dry Bulk: %	Liquid Bulk : %	(Yr 20 ____)		(Yr 20 ____)		(Yr 20 ____)	
Break Bulk: %	Container: %	(Yr 20 ____)		(Yr 20 ____)		(Yr 20 ____)	
Steel: %	Scrap Steel: %	(Yr 20 ____)		(Yr 20 ____)		(Yr 20 ____)	
Ro/Ro: %	Vehicles: %	Estimate for upcoming year		Estimate for upcoming year		Estimate for upcoming year	
Other (describe percentage and type): _____%		Percentage of payroll supplied by: Union Longshoremen _____% Labor Pools _____% Subcontractor's _____%					

3. Does Insured stuff or empty containers? YES NO
4. Any exposure to railroad operations? YES NO
5. Any heavy lifts? YES NO
6. Any lightering operations performed? YES NO
7. Have the insured's operations been subject to an Independent Safety Audit? YES NO If "Yes," by whom? _____
8. Describe private fire protection: _____
9. Public fire department: Paid Volunteer
10. Public fire hydrants: How many? _____ How far distant? _____

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 operating? YES NO
14. 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.
15. Describe all equipment and gear used for loading, unloading, and handling cargo: _____

16. 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 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: _____