



SUPPLEMENTAL APPLICATION FOR STEVEDORES LEGAL LIABILITY INSURANCE

Applicant Name:	Years in Business (if less than 3 yrs, please attach resume)
Mailing Address (including City, State, Zip):	
Total Projected Total Gross Receipts for Terms: \$	Proposed Effective/Expiration Date:
List of Insured Locations:	
1.	
2.	
3.	
4.	

Stevedoring Details:

Cargo Type	Estimated Tonnage expiring year	Estimated Tonnage up-coming year	Method of Discharge (Crane, Container Crane, Vacuum, Conveyor Belt, Ro-Ro, Grab, Slings, etc.)
General Break Bulk: (Describe):			
Machinery/Electronics			
Temperature Controlled Cargo			
Bulk Dry (Describe):			
Coal/Ore/Aggregate			
Scrap Metals/Steel (Describe):			
Heavy Lift (Describe):			

Explosive/Flammable/Toxic (Describe):			
Cargo Type	Estimated Pieces expiring year	Estimated pieces up-coming year	Method of Discharge (Crane, Container Crane, Vacuum, Conveyor Belt, Ro-Ro, Grab, Slings, etc.)
Automobiles/Vehicles/Construction Equipment			
20' Containerized Cargo			
40' Containerized Cargo			
Tank Containerized Cargo			
Empty Containers			
Cargo Type	Estimated Barrels expiring year	Estimated Barrels up-coming year	Method of Discharge (Crane, Container Crane, Vacuum, Conveyor Belt, Ro-Ro, Grab, Slings, etc.)
Bulk Liquid Cargo – Chemical (Describe):			
Bulk Liquid Cargo – Vegetable (Describe):			
Bulk Liquid Cargo – Mineral (Describe):			

With respect to liquid commodities, who would be responsible for hooking-up the vessel to shore transfer pipelines? _____

At what stage does responsibility for the product handled cease? _____

Has any insurance company ever cancelled or declined to issue or renew this form of insurance for this applicant?

Name of insurance company that presently insures you:

LOSS EXPERIENCE:

List all claims (insured or not) during past 5 years on all operations.

(ATTACH FULL LOSS EXPERIENCE DETAILS)

YEAR	PREMIUM	PAID LOSSES	OPEN / SETTLED	TOTAL
Applicant Signature	Date	Agent or Broker	Date	

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.