



**SUPPLEMENTAL APPLICATION FOR WHARFINGERS 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.	

**Wharfingers/Docking Details:**

Provide number of dockings annually by:

Vessels \_\_\_\_\_  
 Barges \_\_\_\_\_  
 Other craft (specify) \_\_\_\_\_

Please advise:

The number of vessels/barges/craft at the terminal at any one time:

Average \_\_\_\_\_ Maximum \_\_\_\_\_

The length of stay of vessels/barges/craft at the terminal:

Average \_\_\_\_\_ Maximum \_\_\_\_\_

The size of vessel/barge/craft capable of being handled by the facility.

Give tonnage and length:

Average \_\_\_\_\_ Maximum \_\_\_\_\_

Describe how vessels docked and by whom are vessels moved. \_\_\_\_\_

Describe how and who is responsible for securing vessels at the terminal.

Are vessels fleeted or otherwise kept in waiting before or after using the terminal? \_\_\_\_\_ If Yes, please explain:

Are water depths checked and channels dredged on a regular basis, and who is responsible?

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.**