intact INSURANCE ocean marine

Stevedores Legal Liability Application

WHEN FILLING OUT THIS APPLICATION, ALL QUESTIONS MUST BE ANSWERED COMPLETELY. IF A QUESTION IS NOT APPLICABLE TO THE OPERATIONS OF THE COMPANY, PLEASE ANSWER "NOT APPLICABLE" OR "N/A". IF THE ANSWER IS NONE, STATE "NONE". IF MORE SPACE IS REQUIRED TO COMPLETELY ANSWER A QUESTION, PLEASE ATTACH A SEPARATE SHEET OF PAPER AND IDENTIFY THE QUESTION IT RESPONDS TO. LEAVE NO SPACE BLANK.

1. Name of Applicant: _____

   _____

2. Business address _____

   _____

3. Contact name and telephone number (for survey purposes):

   Name: _____ Telephone number: _____

4. Limit of liability required: Policy period:

   Any one occurrence $_____ From: _____ To: _____

5. Stevedoring operations are confined to:

   Pier # _____ Located at _____

   _____

   Various piers in the port of _____

6. Please advise the amount of stevedoring gross receipts for the last 2 years, and your projection for the next 12 months:

Year	Gross per Year
Projected for the next 12 months	

7. Type of cargo handled (approximate ratio by volume)

a) Non-Containerized Cargo

	Tonnage Last 12 months	% of total
Dry Bulk (specify)		
Break Bulk (specify)		
Scrap Metals		
Steel		
Automobiles / Vehicles		
Machinery / Electronics		
Refrigerated Cargoes		
Liquid Chemicals		
Bulk Mineral Oils		

b) Containerized Cargo:

	Tonnage Last 12 months	% of total
20 Ft. Containers		
40 Ft. Containers		
Other sizes (specify)		

c) Other (specify type)

	Tonnage Last 12 months	% of total

Annual tonnage for the last 2 years and your projection for the next 12 months:

Year	Tonnage per Year
Projected for the next 12 months	

8. Do you own or lease the terminals you service? _____

If you lease, who do you lease from & what liabilities do you assume under the lease agreement? _____

_____

_____

9. Cargo handling equipment:
   Does the applicant use ship or dock gear? ☐ Ship ☐ Dock

   a) If ship's crew operate ship's equipment, under whose direction do they operation?

   _____

   b) If applicant operates dock gear, identify the type of gear used, whether it is owned, leased or rented & who provides the equipment:

   _____

   c) Are experienced union longshoremen supplied regularly ☐ Yes ☐ No

10. Describe the security and fire protection at the facility _____

    _____

    _____

11. Miscellaneous:

    a) Does the applicant ever perform lighterage operations: ☐ Yes ☐ No

       If "Yes", show percentage _____ %

    b) The number and type of vessels handled annually _____

    c) Does the applicant operate under written contracts? ☐ Yes ☐ No
       If "Yes", are there any hold harmless agreements? ☐ Yes ☐ No
       If "Yes", does the applicant assume liability beyond that imposed by law? ☐ Yes ☐ No
       Please explain all "Yes" answers given above:

       _____

       _____

       _____

    d) Does the applicant contract in independent stevedores? ☐ Yes ☐ No
       If "Yes", what % of stevedoring gross receipts are derived there from? _____%

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

    _____

    a) Name of insurance company that presently insures you: _____

13. Loss History. List all claims/occurrences made against you during the past five (5) years resulting from operations covered by this form of policy. If “none”, state “none”.

Vessel Involved	Date of Loss	Location of Accident	Details of Accident	Gross Amt. of Loss before any deductible	Current Status Paid or Outstanding

PLEASE ATTACH YOUR AUDITED FINANCIAL STATEMENT. FAILURE TO PROVIDE AN AUDITED FINANCIAL STATEMENT MAY RESULT IN A PREMIUM SURCHARGE.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OF INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRADULENT INSURANCE ACT, WHICH IS A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT NOR THE INSURER TO THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION SHALL FORM THE BASIS ON WHICH THIS POLICY IS ISSUED, AND THE APPLICANT WARRANTS ALL SUCH STATEMENTS TO BE TRUE TO THE BEST OF ITS KNOWLEDGE AND BELIEF.

PRODUCER’S SIGNATURE: _____ DATE: _____

APPLICANT’S SIGNATURE: _____ DATE: _____