intact INSURANCE ocean marine

WHARFINGERS / LANDING OWNERS 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. Location of mooring facilities
   1) _____
   2) _____
   3) _____

3. Distance from nearest dock, bridge or lock (explain in detail)
   Upstream _____
   Downstream _____

4. Describe mooring facilities _____
   _____
   _____

5. Describe Cargo Unloading operation including types of cargo and equipment used _____
   _____
   _____
   _____

6. Watchman Service:
   How Many _____ Is service provided 24 Hours per day? ☐ Yes ☐ No
   Watch Clock ☐ Yes ☐ No

7. Fire Protection
   Municipal or Volunteer _____ Distance From Facility _____

8. Type and number of vessels docked for expired policy year:

Ocean Vessels	Dry Cargo	_____	Tankers	_____
Lakers	Dry Cargo	_____	Tankers	_____
Barges	Dry Cargo	_____	Tankers	_____
Other		_____		

9. Maximum size of vessel capable of being handled by the facility. Give tonnage & length:

_____

10. Average size of vessel handled by the facility. Give tonnage & length:

_____

11. How are vessels docked and by whom are vessels moved? _____

_____

12. How and by whom are vessels secured at the facility? _____

_____

13. If towing and switching operations are done by others, please give details of vessel and towage contracts.

_____

_____

14. Are vessels fleeted or otherwise kept in waiting before or after using the facility? ☐ Yes ☐ No
    If yes, please explain: _____

_____

15. Number of berths at the facility:
    a) Number of vessels at the facility at any one time: Average: _____ Maximum: _____
    b) Length of stay of vessel at facility: Average: _____ Maximum: _____

16. Anticipated number of vessels docking during the next 12 months: _____

17. Has any insurance company ever cancelled or declined to issue or renew this form of insurance for this applicant: ☐ Yes ☐ No
    If yes, please explain: _____
    a) Present insuring company _____

18. Attach a copy of docking agreement.

19. 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: _____