



STEVEDORE'S LEGAL LIABILITY APPLICATION

1. Applicant:

2. Address:

3. Annual payroll of all personnel engaged in stevedore operations to be covered by this policy:

Yr.:		Yr.:	
Yr.:		Yr.:	
Yr.:		5 Years	

4. Annual tonnage handled: (R = Revenue) (B = Bulk Tons)

Yr.:		Yr.:	
Yr.:		Yr.:	
Yr.:		5 Years	

5. Does operation include lighterage? Yes No If so, indicate percentage: %

6. Is any car loading done? Yes No If so, indicate percentage: %

7. Does applicant operate with shore equipment? Yes No
If so, what type?

8. Is equipment: owned leased rented
If leased or rented, is it operated by applicant's or owner's employees?

9. Types of cargo handled (approximate ratio by volume)

- a) If scrap, ore, pig iron, note approximate amounts of each:
- b) If other bulk cargoes, note approximate amounts of each:
- c) If any lift-on, lift-off operation or handling of container shipments involved?

10. Does applicant operate under any written contracts? Yes No
If so, do they include:

- a) Any "Hold Harmless" clauses?
- b) Any provisions under which assured assumes liability beyond those imposed by law?

(If the answer to (a) and (b) is in the affirmative, please furnish copies.)

11. List total of all losses, paid and pending, for years:

Yr.:		Yr.:	
Yr.:		Yr.:	
Yr.:		5 Years	

12. Expected volume of business for ensuing year in relation to past two years:

13. Does applicant employ experienced union supplied longshoreman regularly?

14. Does applicant also engage in other operations? Yes No

a) Cargo handling:

b) Wharfage:

c) Terminal Operation:

d) Others:

If so, indicate annual payroll or receipts for each activity separately:

Yr.:

Yr.:

Yr.:

5 Years

15. Does applicant operate at owned or leased terminals?

If so, list terminal locations, indicate leased or owned, give guidelines and contents Fire and E.C. rates:

16. Is applicant a stevedoring operation exclusively?

17. Is applicant an independent or "house operation?"

18. What steamship lines does applicant work for?

19. What docks does applicant work on?

20. Does applicant handle any tramp steamer trade?

21. Previous Insurer

Company:

Policy No:

Has insurance ever been cancelled or refused renewal? Yes No No. Years with Current Insurer:

Additional Information:

The completion and signing of this application does not bind the applicant of the company to effect insurance on the risk; but it is agreed that this form shall be the basis of the contract should a policy be issued.

Date:

Applicant's Signature: