INTERNATIONAL SPECIAL RISKS, INC.



BUMBERSHOOT INSURANCE APPLICATION

amed Insured:	
ontact Person for Inspection and Telephone Number:	
ailing Address:	
ear Business Started:	
ebsite:	
ther Named Insureds:	

Policy Period From: _____ To: _____

COMPANY INFORMATION

Name of Entity	Description of Operation	Location	Years in Business

REVENUES AND PAYROLL

Name of Entity	Estimated Gross Revenue	Estimated Payroll	No. of Employees

NON-MARINE EXPOSURES

List All Premises Occupied but NOT OWNED by the Applicant With Values in Excess of \$25,000:

Description	% Occupied	Estimated Value	80% Building Fire Rate

List Personal Property in Applicant's Care, Custody or Control Where Values Exceed \$25,000:

CONTRACTORS

Describe Types of Work Performed: (Attach a Job Listing for Prior 3 Years)

Is Any Work Subcontracted?	Yes	No
If Yes, What Type of Work and \$ Amoun	t:	

No

Are All Subcontractors Required to P	surance?	Yes	No		
Does the Insured Employ Architects?	γ	res	No		
Does the Insured Employee Profession	onal Enginee	ers?	Yes	No	
Is Any Asbestos or Hazardous Materi	al Handled?		Yes	No	
Is Any Bridge or Tunnel Work Done?	Y	′es	No		
Is Any Marine Work Done?	Yes	No			
Do Any Jobs Involve Blasting?	Yes	No)		
Do Any Jobs Involve Diving?	Yes	No			

PRODUCTS - Attach Copies of All Product Brochures, Catalogues and Latest Annual Report Describe All Products That are Manufactured, Distributed or Sold:

Hove Any Products Boon Discontinue	d0 Vaa	No			
Have Any Products Been Discontinue		No	Ne		
Are Any New products to be Introduce		Yes	No		
Are Any Products Used in Aircraft, Mis	ssiles, Nuclear Installat	ions or in Ocean-	going Vessels?	Yes	No
Are Foreign Products Distributed in the	e U.S. or Used as Corr	ponents in the Ins	sured's Products?	Yes	No
Have Any Products (Present and Disc	continued) Manufacture	ed, Installed or Dis	tributed Contain Asbes	stos? Yes	No
POLLUTION Has an EPA or Other Regulatory Age	•	signed as a Gene	erator, Transporter, Sto	orer, Treater or D	isposer
of Hazardous Waste? Yes	-				
Are There Any Underground Storage	Tanks at Any Location	of the Insured?	Yes	No	
If Yes, Please Explain:					
Indicate Coverage on GL:					
Standard ISO Exclusion	Sudden and Accide	ntal Only	Absolute Exclusion	Separat	e Policy
RAILROAD OPERATIONS Give Details of Any Railroads Owned,	Maintained or Operate	ed by Applicant			

AUTOMOBILE EXPOSURE

Type of Vehicle	No. of Vehicles	Operating Radius	Cargoes Carried
Private Passenger			
Truck			
Tractor			
Trailers			
Tankers			
Vans and Pickups			
Buses			

Total Number of Commercial Vehicles:

List the Number and Type of Other Vehicles Not Licensed for Public Road Use (Earthmovers, Bulldozers, Cranes, etc.):

Is Hired and Non-owned Coverage Provided?	Yes	No			
Is There an Auto Contractual Exposure?	Yes	No			
Are Passengers Carried for a Fee?	Yes	No			
Are Any Drivers or Owner Vehicles Excluded F	rom the Under	lying Policy(ies)	? Yes	No	
WORKERS' COMPENSATION					
Is Statutory Workers' Compensation Carried?	Yes	No			
If No, Is Applicant a Qualified Self Insurer?	Yes	No			
Is Any Other Workers' Compensation Insurance	e Carried (FEC	CA, USL&H)?	Yes	No	
What is the Employer's Liability Limit? \$					
AIRCRAFT EXPOSURE					
Does the Insured Have Any Aircraft Exposure?	Ye	s No)		
Describe the Leased or Chartered Aircraft:					
Describe Owned Aircraft:					
ADVERTISING EXPOSURE					
Is an Advertising Agency Used? Yes	s N	0			
Describe Methods and Expenditures for Advert	ising:				

NON-MARINE LIABILITY LOSSES

For Each Line of Insurance, Give Aggregate Loss Experience (Number of Claims and Total Dollar Values) for the Past 5 Years, Including Outstanding Reserves.

Year	Auto	Liability	Genera	al Liability	Product	s Liability	Professio	nal Liability
	No. Losses	Amount	No. Losses	Amount	No. Losses	Amount	No. Losses	Amount

For Each Claim in Excess of \$10,000 Please Describe. Attach Sheet With Furt	her Details if Necessary
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Date of Occurrence	Current Claim Evaluation	Description of Occurrence

NON-MARINE SCHEDULE OF UNDERLYING INSURANCE

List All Liability	and Cor	npensation	Policies	to Apply	as l	Underlying	Insurance:
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Type of Insurance	Insurance Company	Policy I	No. & Period	Lim	nits	Premium		
General Liability		#		Occ.\$		\$		
General Liability		From:	To:	Agg.\$				
		#		Occ.\$		\$		
Auto Liability		From:	To:					
Employers Lishility		#		Occ.\$		\$		
Employers Liability		From:	To:					
Other		#		Occ.\$		\$		
Other		From:	To:	Agg.\$				
Type of General Liability	Insurance Carried:			-				
Does the General Aggre	gate Apply on a:	Policy Basis	Location Basis		Job Basis			
Are Defense Costs With	in Aggregate Limit?	Yes	No					
Do All the Above Policies	r Operations?	Yes	No					
If No, Please Explain Ex	No, Please Explain Exceptions:							

MARINE EXPOSURE

List Any Landing, Pier or Wharf Leased or Operated by the Applicant When Non-Owned Vessels Come Under the Care, Custody or Control of the Applicant:

Location	Estimated Annual Vessel Days	Type of Operations	Estimated Gross Receipts

Describe Any Marine Terminal or Stevedore Operation of the Applicant:

Location	Type of Operations	Gross Receipts

Describe Any Shipbuilding, Ship Repairing, or Barge Cleaning Operation of the Applicant:

Location	Type of	f Operations	Gross Receipts
Does the Applicant Engage in Any Gas Freeing?	Yes	No	I

Does the Applicant do Any Blasting or Explosives?	Yes	No	
Does the Applicant Ever Charter or Lease Vehicles?	Yes	No	
If Yes, Please Describe:			

Does the Applicant Own,	Operate or Charter Any Private Pleasure Craft?	Yes	No	
If Yes, Please Explain:				

No. of Employees	Payroll, if Any	Type of Work Performed

List All Commercial Vessels the Applicant Owns, Leases or Operates:

If More Space is Needed, Attach List of Vessels to This Application.

Vessel Name	Type of Vessel	Age	Insured Value

Type of Hull Insurance Carried: _____

Type and Limits of Protection and Indemnity Insurance Carried:

MARINE LIABILITY LOSSES

Loss Experience for the Past 5 Years With Amounts Paid and Outstanding. Claims of \$5,000:

Date of Loss	Description	Amount Paid	Outstanding
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

MARINE EXPOSURES SCHEDULE OF UNDERLYING INSURANCE

Type of Insurance	Insurance Company	Policy No. & Period	Limits	Premium
		#	\$	\$
Hull and Machinery		From: To:		
Protection and		#	\$	\$
Indemnity		From: To:		
		#	\$	\$
Collision and Tower		From: To:		
Wharfingara		#	\$	\$
Wharfingers		From: To:		
Shin Donairara		#	\$	\$
Ship Repairers		From: To:		
Other		#	\$	\$
		From: To:		

Yes

Has Any Coverage Listed Above Been Cancel	Yes	Nc	
If Yes, List Each Coverage and the Reason for	Cancellation or Non-renewal:		
Coverage	Reason for Cancellation or No	n-renewal	
Limit of Liability Requested:			

Self-Insured Retention Limit is Usually \$25,000. Would the Insured Like to Request Another Limit?

REMARKS

Use This Section to Give Other Relevant Information:

Do All the Above Policies	Apply to All Companies or Operations?	Yes	No	
If No, List Exceptions: _				

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage terms and conditions offered by ISR may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to insurance.

Any persons who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's Signature:	Date:
Print Name:	Title:



MASSACHUSETTS 50 Salem Street Building B • 3rd Floor Lynnfield, MA 01940 781-295-0270

VIRGINIA 7130 Glen Forest Drive Suite 405 Richmond, VA 23226 804-644-5600

www.isr-insurance.com