



BUMBERSHOOT INSURANCE APPLICATION

Named Insured: _____

Contact Person for Inspection and Telephone Number: _____

Mailing Address: _____

Year Business Started: _____

Website: _____

Other 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 |
|----------------|-------------------------|-------------------|------------------|
| | | | |
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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 |
|-------------|------------|-----------------|------------------------|
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| | | | |
| | | | |

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 \$ Amount: _____

Do All Subcontractors Carry Limits of Liability at Least Equal to Those Purchased by the Insured? Yes No

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 From the Underlying 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 Carried (FECA, USL&H)? Yes No
 What is the Employer's Liability Limit? \$ _____

AIRCRAFT EXPOSURE

Does the Insured Have Any Aircraft Exposure? Yes No
 Describe the Leased or Chartered Aircraft: _____

 Describe Owned Aircraft: _____

ADVERTISING EXPOSURE

Is an Advertising Agency Used? Yes No
 Describe Methods and Expenditures for Advertising: _____

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 | | General Liability | | Products Liability | | Professional Liability | |
|------|----------------|--------|-------------------|--------|--------------------|--------|------------------------|--------|
| | No. Losses | Amount | No. Losses | Amount | No. Losses | Amount | No. Losses | Amount |
| | | | | | | | | |
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For Each Claim in Excess of \$10,000 Please Describe. Attach Sheet With Further Details if Necessary.

| Date of Occurrence | Current Claim Evaluation | Description of Occurrence |
|--------------------|--------------------------|---------------------------|
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NON-MARINE SCHEDULE OF UNDERLYING INSURANCE

List All Liability and Compensation Policies to Apply as Underlying Insurance:

| Type of Insurance | Insurance Company | Policy No. & Period | Limits | Premium |
|---------------------|-------------------|---------------------|--------|---------|
| General Liability | | # | Occ.\$ | \$ |
| | | From: To: | Agg.\$ | |
| Auto Liability | | # | Occ.\$ | \$ |
| | | From: To: | | |
| Employers Liability | | # | Occ.\$ | \$ |
| | | From: To: | | |
| Other | | # | Occ.\$ | \$ |
| | | From: To: | Agg.\$ | |

Type of General Liability Insurance Carried: _____

Does the General Aggregate Apply on a: Policy Basis Location Basis Job Basis

Are Defense Costs Within Aggregate Limit? Yes No

Do All the Above Policies Apply to All Companies or Operations? Yes No

If 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 Operations | Gross Receipts |
|----------|--------------------|----------------|
| | | |
| | | |

Does the Applicant Engage in Any Gas Freeing? Yes No

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: _____

Does the Applicant Have Exposure Under the Longshoreman's and Harbor Worker's Act? 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 |
|-------------|----------------|-----|---------------|
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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: | | |
| Wharfingers | | # | \$ | \$ |
| | | From: To: | | |
| Ship Repairers | | # | \$ | \$ |
| | | From: To: | | |
| Other | | # | \$ | \$ |
| | | From: To: | | |

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

Has Any Coverage Listed Above Been Cancelled or Renewal Refused Within the Last 5 Years? Yes No
If Yes, List Each Coverage and the Reason for Cancellation or Non-renewal:

| Coverage | Reason for Cancellation or Non-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: _____



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