



STEVEDORE'S LEGAL LIABILITY APPLICATION

Named Insured: _____

Contact Person For Inspection and Telephone Number: _____

Mailing Address: _____

Year Business Started: _____

Website: _____

Other Named Insureds: _____

Policy Period From: _____ To: _____ Limit Required: _____ Deductible Required: _____

ACCOUNT DETAILS

Please Advise the Amount of Stevedoring Gross Receipts for the Last Two Years, and Your Projection for the Next 12 Months:

Year/Amount: _____ Year/Amount: _____ Projection: _____

TYPE OF CARGO HANDLED

NON-CONTAINERIZED CARGO	Tonnage	% of Total
Dry Bulk (specify)		
Break Bulk (specify)		
Scrap Metals		
Steel		
Automobiles/Vehicles (# of Units)		
Machinery/Electronics		
Refrigerated Cargoes		
Liquid Chemicals		
Bulk Mineral Oils		

CONTAINERIZED CARGO	Tonnage	% of Total
20 ft. Containers		
40 ft. Containers		
Other Sizes (specify)		

OTHERS (specify)	Tonnage	% of Total

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? _____

Cargo Handling Equipment:

Does the Applicant Use Ship or Dock Gear? _____

If Ship's Crew Operate Ship's Equipment, Under Whose Direction Do They Operate? _____

If Applicant Operates Dock Gear:

Identify the Type of Gear Used: _____

Is Gear Owned, Leased or Rented: _____

Who Provides the Equipment: _____

Miscellaneous:

Does the Applicant Ever Perform Lighterage Operations? Yes No

If Yes, What Percentage: _____%

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: _____

Does the Applicant Contract In Independent Stevedores? Yes No

If Yes, What % of Stevedoring Gross Receipts Are Derived There From? _____%

PREMIUM AND LOSS HISTORY

Year	Premiums Paid	Losses Paid	Number of Claims	Details of Accident

HARD COPY LOSS STATISTICS FROM PREVIOUS INSURERS MAY BE REQUESTED.

SPECIAL INFORMATION

Present Insuring Company: _____ Provide Copies of Current Policies if Available.

Has Any Company Ever Cancelled Insurance for This Owner? Yes No

If Yes, With What Company and on What Terms? _____

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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