



WHARFINGER'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

Location of Dock (please list each location and address): _____

Description of Dock/Pier: _____

Distance to Major Waterway Construction/Obstruction (i.e. fleeting locations, bridges, locks, dams)

Upstream: _____ Downstream: _____

Frequency and Severity of Flooding/High Water: _____

Describe Extent of Water Traffic: _____

Does Insured or 3rd Party Tugs/tow Boats Handle the Fleeting, Shifting, and Docking of Vessels/barges from Dock? Yes No

Are Vessels Inspected and Signed for When Picked Up and Delivered? Yes No

Type of Vessels Moored and Estimated Vessel Days Annually for the Coming Policy Year

Type	Average Number Moored at any One Time	Estimated Number of Vessel Days Annually
Deck Barges		
Tow Boats		
Fishing Vessels		
Petrochemical Barges		
Dry Bulk Barges		
Chemical Barges		
Crew Boats		
Supply Boats		
Other (identify)		

Maximum Size of Vessels Capable of Being Handled by the Facility: Tonnage: _____ Length: _____

Average Size of Vessels Capable of Being Handled by the Facility: Tonnage: _____ Length: _____

Does Insured Berth and Unberth Vessels? Yes No Number of Berths: _____

How Long do Vessels Remain at Dock? _____

Is Regular Watchman Service Maintained at Dock? Yes No How Many at Each Shift? _____

Watch Clocks? Yes No

Describe the Specific Services Performed to Docked Vessels: _____

Is a Fueling Facility Provided? Yes No

Types of Fuel Handled: _____

Have the Insured's Operations been Subject to an Independent Safety Audit? Yes No

If Yes, by Whom? _____

Describe Private Fire Protection: _____

Does Insured Operate Under Written Contracts Which Include "Hold Harmless" Agreements or any Provisions Which Insured Assumes Liabilities? Yes No If Yes, Please Furnish Copies.

Public Fire Department: Paid Volunteer

Public Fire Hydrants: How Many? _____ How Far Distant? _____

Receipts Last Three Years: (Yr: 20 __) _____ (Yr: 20 __) _____ (Yr: 20 __) _____

Estimate Receipts for Upcoming Year: _____

Additional Notes: _____

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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