



OCEAN MARINE APPLICATION

Bumbershoot



Contractual Liability (Give details of written agreements other than those automatically covered by M & C Policy)

Products' Liability (List Products)

Manufactured

Sold

Distributed

Professional Liability Malpractice (Give details of any activities which might involve malpractice and/or errors and omissions exposures)

Railroad Operations (Give details of any railroads owned, maintained or operated by applicant)

Automobile Exposure

TYPE	NUMBER	OPERATING RADIUS	CARGOES CARRIED	STATE LICENSED
Trucks				
Tractors				
Trailers				
Tankers				
Vans & Pickups				
Private Passenger				

LIST THE NUMBER AND TYPE OF OTHER VEHICLES NOT LICENSED FOR PUBLIC ROAD USE (EARTHMOVERS, BULLDOZERS, CRANES, ETC.)

ARE FLAMMABLES AND/OR EXPLOSIVE SUBSTANCES CARRIED?

Yes No

Marine Exposures

List below any landing, pier, wharf or dock leased or operated by the applicant where nonowned vessels come under the care, custody or control of the applicant.

LOCATION	TYPE OF VESSEL	ESTIMATED ANNUAL VESSEL DAYS	TYPE OF OPERATION	ESTIMATED GROSS RECEIPTS

Describe below any marine terminal or stevedore operation of the applicant.

LOCATION	TYPE OF OPERATION	GROSS RECEIPTS

Describe below any shipbuilding, shiprepairing, or barge cleaning operation of the applicant.

LOCATION	TYPE OF OPERATION	GROSS RECEIPTS

DOES THE APPLICANT ENGAGE IN ANY GAS FREEING?

Yes No (If Yes, describe)

GROSS RECEIPTS

DOES THE APPLICANT HAVE EXPOSURE UNDER THE LONGSHOREMAN'S AND HARBOR WORKERS ACT?

Yes No (If Yes, describe)

NO. OF EMPLOYEES	PAYROLL, IF ANY	TYPE OF WORK PERFORMED

Vessel Operations

DOES THE APPLICANT EVER CHARTER OR LEASE VESSELS?

Yes No (If Yes, complete schedule on next page)

DOES THE APPLICANT OWN, OPERATE OR CHARTER ANY PRIVATE PLEASURE CRAFT?

Yes No (If Yes, describe)

Schedule of Underlying Insurance (List all Liability and Compensation Policies to apply as underlying insurance)

Non-Marine Exposures						
TYPE OF INSURANCE	INSURANCE COMPANY	POLICY NUMBER	POLICY PERIOD	LIMITS		PREMIUM
				B.I.	P.D.	
General Liability*						
Products Liability						
Auto Liability						
Workers' Compensation						
Employers' Liability						
Other (Specify)						

*Is General Liability on a claims made or occurrence basis?

Marine Exposure					
TYPE OF INSURANCE	INSURANCE COMPANY	POLICY NUMBER	POLICY PERIOD	POLICY LIMIT	PREMIUM
Hull & Machinery					
Protection and Indemnity					
Collision/Towers					
Third-Party Pollution					
Bailee (Specify)					
Shiprepairers					
Other (Specify)					

DO ALL ABOVE POLICIES APPLY TO ALL COMPANIES OR OPERATIONS?

Yes No (If No, state explanations)

HAS ANY COVERAGE STATED ABOVE BEEN CANCELLED OR NONRENEWED WITHIN THE LAST FIVE YEARS?

Yes No (If Yes, state coverage and the reason for cancellation or nonrenewal)

COVERAGE	REASON FOR CANCELLATION OR NONRENEWAL

LIMITS REQUIRED

Self-Insured Retention: \$25,000 \$50,000 Other

IMPORTANT: Are there any unusual or nonstandard exclusions in the above policies which would materially affect consideration of the risk?

Yes No (If Yes, give details)

Any person 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. (Applicable to New York State only.)

Signing this application does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.

APPLICANT SIGNATURE	COMPANY TITLE	DATE
PRODUCER SIGNATURE	COMPANY TITLE	DATE

Additional Comments: