



APPLICATION FOR WHARFINGERS LEGAL LIABILITY INSURANCE

Applicant Name:		Years in Business	
Address (including City, State, Zip):			
Limit Requested	Deductible	Projected Gross Receipts for Term	Proposed Effective/Expiration Date:
\$	\$	\$	

MOORING LOCATION(S):

Location(s):	Describe Location(s):

VESSEL INFORMATION:

Describe Cargo Unloading operation including types of Cargo and Equipment used:		
Type & Number of Vessels docked for expired policy term:	Ocean Vessels _____ Lakers _____ Barges _____ Other _____	Dry Cargo: _____ Tankers: _____ Dry Cargo: _____ Tankers: _____ Dry Cargo: _____ Tankers: _____ Dry Cargo: _____ Tankers: _____
Maximum size of vessel capable of being handled by the facility(ies):	Tonnage: _____	Length: _____
Average size of vessel handled by the facility(ies):	Tonnage: _____	Length: _____
How are vessels docked?		
How are vessels moved?		
How (& by whom) are vessels secured at the facility(ies)?		
Are towing and switching operations done by others?	YES / NO	If Yes, please give details: _____ _____ _____
Are vessels fleeted or otherwise kept in waiting before or after using the facility(ies)?	YES / NO	If Yes, please give details: _____ _____ _____
Number of berths at the facility(ies)?		

