



MARINE COMMERCIAL LIABILITY

SUPPLEMENTARY INFORMATION FOR WHARFINGERS

1. Applicant's Name:
2. Mailing address and phone number:
3. Number of years in business: _____ Number of years under current management: _____
4. Location(s): _____
5. Maximum draft of vessels calling: _____
6. Water depth: _____ Number of berths: _____
7. Distance to next dock Upstream Downstream
8. Distance to nearest bridge or lock Upstream Downstream
9. Type of vessels handled (indicate number per year):
 Ocean Vessels Dry Cargo _____ Tankers _____
 Barges Dry Cargo _____ Tank _____ Other _____
10. Annual Number of Dockings last 5 years:
 19 _____ 19 _____ 19 _____ 19 _____ 19 _____
11. Average value of vessels: _____ Average length of stay: _____
12. Are vessels inspected and signed for when picked up and delivered?
13. Vessels are moved by: Hand _____ Power Winch _____ Other _____

14. Describe mooring facilities, including type of moorings:
15. Describe traffic passing to and from off your facility:
15. Who is responsible for mooring vessels at your facility?
16. Describe loading and unloading equipment including type, capacity and power
17. Describe your procedures in the event of a breakaway:
18. Number of hours watchman is on duty _____ Is clock punched _____
19. Is facility lighted? Fenced? Describe public access:
20. Are fueling services provided? Types of fuel handled:
21. Who is responsible for bilge inspection and pumping if needed?
22. Is there a municipal or volunteer fire department?
23. What is the distance from the nearest fire fighting facility?
24. Number of fire hydrants at your facility?
25. Number of fire extinguishers at your facility _____ Size _____ Kind _____
26. Who is your current insurance carrier?
27. How long insured by them?
28. Has your insurance ever been cancelled?
29. If yes, why and by whom?
30. Limit of Liability requested \$ _____ Deductible \$ _____
31. If our quotation is accepted, what is the date of attachment?

32. Current Premiums (i.e. Minimum & Deposit and adjustment rate):

33. Are revenues generated from other than the marine operations described above? _____
If so, provide details:

34. List all losses during the last 5 years (amounts should include deductible):

Date of Loss	Amount paid	Amount outstanding	Description of Loss
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35. Contact and phone number to arrange an inspection:

36. Producer remarks:

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
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_____ Producer Signature	_____ Company Title	_____ Date
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