

Completing this form does not bind the Applicant to complete this insurance, but it is agreed that this form shall be the basis of the contract should a Policy be issued. If any of the questions appearing below are answered falsely or fraudulently, the entire insurance is null and void and all claims thereunder shall be forfeited. Please complete one application for each location separately and attach the following papers.

1. Map of premises, include legal description;
2. Schedule of buildings;
3. Schedule of tenants;
4. Copy of tariff;
5. Five year third party BI/PD loss history (exclude auto and workers compensation);
6. Description of any other applicable liability policies in force (i.e. Package, CGL, etc.).

1. Name of Applicant		2. Applicant Web Site	
3. Applicant Address (No., Street, City, State, Zip Code, Country)		4. Telephone No.	
5. Location of Facility (No., Street, City, State, Zip Code, Country)		6. How long in business?	
7. How long has applicant been at this location?	8. Does the Applicant Own or Lease?	9. Annual Gross receipts for last 3 years	
10. What are the adjacent facilities ashore and their distance?		11. Total length, in linear feet, of available wharfage?	
12. Exposed to passing vessel traffic <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Water depth (at mean low tide) at deepest point and shallowest point on wharf?		
14. Who is responsible for maintaining water depth (dredging)?		15. Who is responsible for line handling/vessel mooring?	

16. What is the number of berths at the location?

17. Number of vessels at a facility at any one time:

a. Average Number?

b. Maximum Number?

18. Length of time vessels stay at facility:

a. Average Time?

b. Maximum Time?

19. Type of vessels that call at facility? _____

20. Do passenger carrying vessels (cruise ships, etc.) call at this location? Yes No

21. Number of vessels that call annually?

22. Does applicant require certificates of pollution insurance from all vessels calling at the facility? Yes No

If yes, what are the limits? _____

23. What is the annual tonnage handled for the last 3 years?

24. What is the annual throughput for the last 3 years?

25. What types of cargo is handled? Please identify by percentage of volume. If containers, or vehicles, specify the number of units handled annually.
- _____
- _____
- _____
26. What percentage of cargo, if any, is owned by the applicant? %
27. Describe load/discharge methods and equipment used:
- _____
- _____
28. Who performs loading/discharge, applicant's employees or independent stevedores? _____
29. Describe all owned/leased equipment applicant is responsible for: _____
- _____
30. Does the operation include any lighterage? Yes No
If yes, what percent?.....
31. Is any truck or railcar loading done? Yes No
If yes, what percent?.....
32. Describe the fire protection available at the facility: _____
- _____
33. Is the Public Fire Department Paid or Volunteer?
34. How many Public Fire Hydrants are on location?
 a. What is the distance? _____
35. What type of security is available? _____
- _____
36. Does the applicant have a formal safety program in effect? Yes No

STORAGE AND WAREHOUSING OPERATION

Attach plan or sketch of property/storage area. Show buildings identified by number.

37. Give total square feet or acreage available for outside storage (*excluding buildings*).....
38. Provide the following information for each storage building: storage area (sq. ft.), age, construction, heated or unheated, sprinklered, distance to fire hydrants (*attach list if necessary*).
- _____
- _____
- _____
39. Give height of ground level premises above mean high water measured at dockside.....

40. List the type of goods and commodities stored. List percentage or volume of each. For vehicles and containers give number of units. List separately refrigerated food products and other goods and indicate if chilled or frozen.

41. Describe tank storage, if any, in detail:

Type of product(s) stored?	Number of tanks?	Capacity of tanks	Age of tanks
Construction of tanks	Are tanks diked?	Do applicant's employees control loading and discharge of tanks?	
Is any blending of products done?			

42. What is the typical operating capacity of the storage facility?

- Under 50% 50-75% Greater than 75%

43. What is the percentage of goods defined as greater than 30 days and/or not under a s/s bill of lading? %

44. Describe any storage of a "non-marine" nature at this terminal. (Example: Store under a warehouse receipt for goods which have not been discharged from nor will be loaded onto a vessel at this terminal.)

45. Attach a copy of warehouse receipt(s) issued. Include details of any contractual liability assumed in connection with storage, or storage under special agreement(s).

LOSS EXPERIENCE

46. Loss experience for the past 5 years. Any losses, paid and outstanding, and include all losses not covered by insurance.

Date of Loss	Description	Amount
a. _____	_____	\$ _____
b. _____	_____	\$ _____
c. _____	_____	\$ _____
d. _____	_____	\$ _____
e. _____	_____	\$ _____

47. Does the applicant have any contracts either limiting or extending the liabilities imposed by law? Yes No

If yes, please describe: _____

48. Additional comments: _____

49. Please include a map or drawing of the facilities and adjacent area to this application.

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MINNESOTA: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK (Non Auto): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

PUERTO RICO FRAUD WARNING: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

TENNESSEE (Non WC): IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

VERMONT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. Not applicable in Nebraska.

REQUIRED COMPLETION - READ AND SIGN

I understand that the above information, which is correct and complete to the best of my knowledge, is to be the basis of insurance, if granted, but does not obligate me to accept the insurance nor the Company to accept the risk.

Applicant's Signature X	Date
Agent's Signature X	Date